



Curing the Soul of the Nation

Psychiatry, Society, and Psycho-Politics in the
German-speaking Countries, 1918-1939

David Freis

Thesis submitted for assessment with a view to
obtaining the degree of Doctor of History and Civilization
of the European University Institute

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Department of History and Civilization

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ABSTRACT

Since the emergence of the discipline, the diagnostic concepts of psychiatry, more than those of any other medical field, have always been closely connected to normative debates about society at large. This link never was more apparent than in the two decades between the world wars. Amidst the political and social unrest, German-speaking psychiatrists attempted to directly interpret, diagnose, and treat society and politics from the perspective of their own clinical experiences. Leading members of the discipline redefined its boundaries and its area of authority to target larger populations beyond the mentally ill, and even the body politic as a whole. While this expansion of psychiatry's area of expertise in the first third of the twentieth century has been noted by numerous scholars in the field, this is the first study that analyzes this process systematically and comprehensively.

Using the concept of “psycho-politics” to describe the changing relation between psychiatrists and society in the period between the world wars, I maintain that these developments were neither monolithic nor disembodied processes. By situating different approaches in historical context, the thesis demonstrates how the social and political expansion of psychiatric expertise was motivated by very different reasons and took very different forms. I discuss three examples in detail: the overt pathologization of the 1918/19 revolution and its protagonists by right-wing German psychiatrists; the project of professional expansionism under the label of “applied psychiatry” in interwar Vienna; and the attempt to unite and implement different approaches to psychiatric prophylaxis in the German-speaking branches of the international movement for “mental hygiene.”

Throughout these three interconnected case studies, I make a point for the importance of individual agency in the history of the psy-disciplines. I use the example of a number of eminent psychiatrists to show how the projects mentioned above were linked to their individual biographies and careers, and how their approaches were shaped by individual experiences of the political events in the first third of the twentieth century. Moreover, the study contributes to a broader understanding of the twentieth-century history of the psy-disciplines in at least three ways. First, I unearth the almost forgotten histories of some of the most important scholars and ideas that defined psychiatry in the first half of the twentieth century. Second, I explore the early history of some the concepts that still shape the field to the present day, namely mental health, deinstitutionalization, and psychiatric prophylaxis, as well as the history of psychiatric notions of social and political life that still circulate today. Third, I also examine psychiatry's utopian promises, and show how the idea that the knowledge of the maladies of the human mind could pave the way to a better society could cut across contemporary political divides. The loftiest promises and the worst abuses of psychiatry were more closely connected than one might expect.

INTRODUCTION

After the First World War, the figure of the psychiatrist captured the attention of the public like few others. Two of the eponymous villains of early Weimar cinema's most successful and iconic films were mad-doctors, and mad doctors as well. In the 1920 movie, a nameless alienist-turned-madman styled himself as the early modern showman Dr. Caligari and used his hypnotic abilities to force one of his patients to become his tool for murder. Only a little later, the demonic Dr. Mabuse, a physician and psychoanalyst, appeared as the main figure in the film adaption of the recent best-seller. Amidst the post-war commotion, he employed his hypnotic powers to subtly influence his surroundings, to gamble, spy, and to manipulate the stock market. The mastermind behind an enormous criminal conspiracy, his aim was to create and rule a utopian community in the South American jungles. Both films mark the beginning of a cinematic occupation with an uncanny image of the psychiatrist that would continue throughout the twentieth century.¹

In his influential analysis of Weimar cinema, Siegfried Kracauer has argued that the figure of the hypnotic psychiatrist symbolically foreshadowed the transformations in the exercise of political power that Germany would experience with the rise of Nazism.² However, as film historian Anton Kaes has more recently shown, the doctors Caligari and Mabuse also related to the actual history of psychiatry during and after the war.³ On first sight, the real psychiatrists of 1918 had little in common with these rather eccentric caricatures of dangerous quacks – although, about two decades later, a number of them would turn into more gruesome murderers than the early Weimar film makers would have been able to imagine. Nonetheless, there was more to psychiatrists' depiction in these films than only the evocative narrative of madness

¹ Stefan Andriopoulos, *Possessed: Hypnotic Crimes, Corporate Fiction, and the Invention of Cinema*, trans. Peter Jansen and Stefan Andriopoulos (Chicago: University of Chicago Press, 2008); Sharon Packer, *Cinema's Sinister Psychiatrists: From Caligari to Hannibal* (Jefferson, NC: McFarland & Company, 2012); Marlisa Santos, *The Dark Mirror: Psychiatry and Film Noir* (Lanham: Lexington Books, 2010); Glen O. Gabbard and Krin Gabbard, *Psychiatry and the Cinema*, 2nd ed. (Washington, D.C.: American Psychiatric Press, 1999); Barara Hales, "Incurable Madness: War Trauma, Hypnosis, and Robert Wiene's *Orlacs Hände*," *Seminar: A Journal of Germanic Studies* 47, no. 5 (2011); Andrew Scull, "Some Reflections on Madness and Culture in the Post-War World," *History of Psychiatry* 25, no. 4 (2014). Recently: Jacqueline Hopson, "The Demonisation of Psychiatrists in Fiction (And Why Real Psychiatrists Might Want To Do Something About It)," *The Psychiatric Bulletin*, no. 38 (2014).

² Siegfried Kracauer, *Von Caligari zu Hitler: Ein Beitrag zur Geschichte des deutschen Films* (Reinbek bei Hamburg: Rowohlt, 1958).

³ Anton Kaes, *Shell Shock Cinema: Weimar Culture and the Wounds of War* (Princeton and Oxford: Princeton University Press, 2009).

affecting those supposed to heal it. Older tales of patient abuse and fears of wrongful confinement in madhouses merged with more recent reports of the brutal treatment of “hysterical” soldiers and the mass starvation in the psychiatric asylums during the war.⁴

Like other “mad scientist” figures in popular culture, post-war cinema’s psychiatrists reflected the public’s highly ambivalent fascination with the threatening potentials and promises of modern science. The fascination about the promise of progress was mixed with fears that representatives of a discipline claiming a privileged insight into the deepest layers of the functioning of the human mind could use this knowledge to manipulate individuals and society.⁵ And in fact, while psychiatrists in 1918 were neither delusional killers nor megalomaniac criminals, many of them firmly believed in shifting the boundaries of their professional responsibility further into society and politics, targeting not only the insane but also the apparently normal, and eventually, in restructuring society on the basis of their scientific insights. In many cases, their calls for socio-medical interventions translated directly into the idea that psychiatrists should transcend the boundaries of their traditional role as physicians, and instead become guides and leaders of the nation on its way towards “mental reconstruction.”⁶

⁴ On pre-war fears of unjust confinement, see Ann Goldberg, “A Reinvented Public: ‘Lunatics’ Rights’ and Bourgeois Populism in the Kaiserreich,” *German History* 21, no. 2 (2003); Hans Jakob Ritter, “Bürgerlicher Tod: Von der Angst, gesund ins Irrenhaus eingesperrt zu werden,” in *Paranoia City: Der Fall Ernst B. Selbstzeugnis und Akten aus der Psychiatrie um 1900*, ed. Stefan Nellen, Martin Schaffner, and Martin Stingelin (Basel: Schwabe, 2007); Heinz-Peter Schmiedebach, “Eine ‘antipsychiatrische Bewegung’ um die Jahrhundertwende,” in *Medizinkritische Bewegungen im Deutschen Reich (ca. 1870 - ca. 1933)*, ed. Martin Dinges (Stuttgart: Steiner, 1996). Another aspect of psychiatrists’ depiction in these films was certainly that, while previously being discredited as quackery, hypnosis had made a surprising re-entry in military psychiatry, leading also to a revival of public interest in this method, see Paul Lerner, “Hysterical Cures: Hypnosis, Gender and Performance in World War I and Weimar Germany,” *History Workshop Journal* 45(1998); Andreas-Holger Maehle, “The Powers of Suggestion: Albert Moll and the Debate on Hypnosis,” *History of Psychiatry* 25, no. 1 (2014); Sophie Ledebur, “Ein Blick in die Tiefe der Seele: Hypnose im Kultur- und Lehrfilm (1920-1936),” *Berichte zur Wissenschaftsgeschichte* 37, no. 4 (2014).

⁵ See Philipp Sarasin, “Das obszöne Genießen der Wissenschaft: Über Populärwissenschaft und mad scientists,” in *Geschichtswissenschaft und Diskursanalyse* (Frankfurt am Main: Suhrkamp, 2003). On this relation between psychiatric and psychological knowledge and political ideas in the twentieth century, see also Maik Tändler and Uffa Jensen, “Psychowissen, Politik und Selbst: Eine neue Forschungsperspektive auf die Geschichte des Politischen im 20. Jahrhundert,” in *Das Selbst zwischen Anpassung und Befreiung: Psychowissen und Politik im 20. Jahrhundert*, ed. Maik Tändler and Uffa Jensen (Göttingen: Wallstein, 2012).

⁶ Erwin Stransky, “Der seelische Wiederaufbau des deutschen Volkes und die Aufgaben der Psychiatrie: Erweiterter Vortrag, gehalten auf der Deutschen Psychiaterversammlung in Hamburg, am 27./28. Mai 1920,” *Zeitschrift für die gesamte Neurologie und Psychiatrie* 60, no. 1 (1920); Robert Gaupp, *Die zukünftige Stellung des Arztes im Volke: Ansprache an die Studierenden der Medizin der Universität Tübingen* (23. X. 1919) (Tübingen: H. Laupp, 1919).

The shrillest of these voices faded into silence after the political and economic consolidation of the post-war societies in the early 1920s. Nonetheless, in the following two decades psychiatrists' attempts to take diagnosis and treatment outside the asylum and the clinic continued, assuming many different forms. Many of the ideas discussed in this context were not entirely new. Throughout the nineteenth century, psychiatrists had drawn political conclusions from clinical observations and had framed their diagnoses of perceived social and political problems in medical terms.⁷ After all, psychiatry both as a science and as a practice was, since its beginnings, concerned with social norms and the maintenance of social order, and thus was inextricably connected to the political sphere.⁸ Only after the First World War, however, did psychiatrists' socio-political ideas become part of systematically organized agendas and institutionalized in a number of different associations and societies.

This study examines this radical reformulation of psychiatrists' role in society during the period between the First and Second World War. In particular, I focus on three very different attempts to redefine psychiatry's relation to society and politics: the psycho-political diagnoses of the defeat and the revolution in 1918/19 (Chapter I), "applied psychiatry" (Chapters II and III), and "mental hygiene" (Chapters IV, V, and VI). While the larger trend – an increasing presence of experts from the psy-disciplines in all fields of political, social, and cultural life beginning in the interwar period – has been noted by scholars from different perspectives, the specific historical configurations shaping this process have gone largely unnoted. As I show, psychiatry's "need for expansion," which was already observed by contemporaries, was far from monolithic.⁹ It sprung from very different motives and circumstances, and happened at the intersection of the larger lines of political history with intra-psychiatric and intra-medical developments, and in a state of growing competition with other actors in the emerging field of the psy-disciplines. The main objective of this study thus is to examine psychiatry's move out of the asylum and the clinic and into society and politics in both detail and context. I ask for

⁷ Volker Roelcke, *Krankheit und Kulturkritik: Psychiatrische Gesellschaftsdeutungen im bürgerlichen Zeitalter (1790-1914)* (Frankfurt am Main: Campus, 1999); Daniel Pick, *Faces of Degeneration: A European Disorder, c. 1848 - c. 1918* (Cambridge et al.: Cambridge University Press, 1989); Jaap van Ginneken, *Crowds, Psychology and Politics, 1871-1899* (Cambridge et al.: Cambridge University Press, 1992).

⁸ This argument has been most influentially proposed by Michel Foucault, *Wahnsinn und Gesellschaft: Eine Geschichte des Wahns im Zeitalter der Vernunft* (Frankfurt am Main: Suhrkamp, 2007); Dirk Blasius, *Einfache Seelenstörung: Geschichte der deutschen Psychiatrie 1800-1945* (Frankfurt am Main: Fischer, 1994); Klaus Dörner, *Bürger und Irre: Zur Sozialgeschichte und Wissenschaftssoziologie der Psychiatrie* (Frankfurt am Main: Fischer, 1975).

⁹ "Psychiatrisches Ausbreitungsbedürfnis," *Die Irrenrechts-Reform* 11, no. 64 (1919).

continuities and discontinuities to pre-war psycho-political thinking, and how the experience of the First World War accelerated and shaped the redefinition of psychiatrists' self-understanding in the interwar period. At the same time, I also take a close look at the interplay, competition, and conflict between different actors in the scientific field, both inside the psychiatric discipline, in the wider realm of the psy-disciplines, and beyond.

My point of departure is the end of the First World War. Like for many other fields of politics, culture, and science, the first global and industrial war marked a significant caesura for psychiatry as a discipline. The need to treat hundreds of thousands of "war neurotics" had given psychiatry an important role in the conduct of war, and brought the discipline into an even closer proximity with the state.¹⁰ Following a rationale of efficiency and rationalization, the mass treatment of war neuroses through a range of newly invented or re-discovered methods promised a therapeutic breakthrough. It presented psychiatry with the prospect of finally overcoming its "therapeutic nihilism," that is, the notorious inability to heal its patients. For psychiatry as a "belated science,"¹¹ this recently gained prestige and treatment success seemed like an opportunity to close up to the more successful medical branches as bacteriology and surgery, which had experienced a most impressive development in the previous decades. With the military defeat of the Central Powers and the postwar turmoil, however, these war gains threatened to unravel quickly. Public and patient protests and the dissolution of military hierarchies profoundly altered the relation between doctors and their patients, and effectively abolished the foundations of psychiatry's therapeutic success, which had consisted in the almost unconditional subordination of soldier-patients under their military physicians.¹²

The medical discussions about the treatment of the war neurotics and the impact of the war on individual patients were accompanied and mirrored by a discourse that took the issue from the individual to the level of the collective. Drawing on nineteenth-century psychologies of the

¹⁰ Volker Roelcke, "Die Entwicklung der Psychiatrie zwischen 1880 und 1932: Theoriebildung, Institutionen, Interaktionen mit zeitgenössischer Wissenschafts- und Sozialpolitik," in *Wissenschaften und Wissenschaftspolitik: Bestandsaufnahmen zu Formationen, Brüchen und Kontinuitäten im Deutschland des 20. Jahrhunderts*, ed. Rüdiger vom Bruch and Brigitte Kaderas (Stuttgart: F. Steiner, 2002), 119-20.

¹¹ Blasius, *Einfache Seelenstörung*, 117.

¹² Paul Lerner, *Hysterical Men: War, Psychiatry, and the Politics of Trauma in Germany, 1890-1930* (Ithaca: Cornell University Press, 2003). Notably, post-war attempts to continue using the wartime methods of "active treatment" focused on children, in which case the lack of military hierarchy could be substituted by the generational hierarchy, see Hans König, "Zur aktiven Therapie hysterischer Störungen von Zivilkranken," *Archiv für Psychiatrie und Nervenkrankheiten* 63, no. 1 (1921); Großkettler, "Die Kaufmannsche Methode auch in der Privatpraxis brauchbar," *Zeitschrift für die gesamte Neurologie und Psychiatrie* 41, no. 1 (1918).

collective such as French *psychologie des foules* and German *Völkerpsychologie*, prominent psychiatrists discussed how the war had affected, jolted, or united the “national soul” (*Volksseele*) and how collective psychology could explain the behavior of the enemy nations. Oscillating between analogy, metaphor, and actual diagnosis, the concept of the *Volksseele* complemented the ubiquitous wartime talk of an organic body politic and stimulated a discussion of politics from a psychological and psychiatric perspective. In the wake of defeat and revolution, the concept of the *Volksseele* helped reframe the political, cultural, and medical crisis of the immediate postwar period as a crisis of the collective psyche. Against this backdrop, prominent right-wing psychiatrists radicalized their understanding of the discipline’s role in society, shifting their focus from the mental health of the individual patient to that of the nation as a whole. They combined alarmist psycho-political diagnoses about collective mental “shock” and “nervous breakdown” with calls for far-reaching socio-medial programs, which only they themselves, invested with privileged insights into the medical and spiritual needs of the people, would be legitimized to lead.

The most explicit and rhetorically aggressive of these programs was “applied psychiatry,” for which the Viennese psychiatrist Erwin Stransky (1877-1962) campaigned untiringly and stubbornly throughout the interwar period. Introduced in 1918 as an expansive agenda for a “medical imperialism” of the psychiatric profession by the right-wing nationalist Stransky, and radicalized politically after the end of the war, it took an unexpected turn in the course of the 1920s. Conflicted between cooperation and competition with the Vienna psychoanalysts and individual psychologists, applied psychiatry developed into a uniquely interdisciplinary forum, bringing together scholars from very different backgrounds interested in using concepts of psychopathology to examine culture, society, and politics. The program reached its zenith with a first international conference, gathering some of the greatest minds from psychiatry and its border areas in Vienna in the summer of 1930.¹³ A planned second conference never took place, as the rise of Nazism and Austro-fascism severed the networks and forced key actors into exile for both “racial” and political reasons. In the end, applied psychiatry yielded few palpable results, but its all-encompassing claims and the peculiar concurrence of aggressive disciplinary expansionism and interdisciplinary cooperation *avant la lettre* make it one of the richest, most fascinating and yet forgotten episodes in the history of the psy-disciplines.

¹³ Heinz Hartmann, Martin Pappenheim, and Erwin Stransky, eds., *I. Internationale Tagung für angewandte Psychopathologie und Psychologie, Wien, 5.-7. Juni 1930: Referate und Vorträge* (Berlin: S. Karger, 1931).

As an organized movement, mental hygiene was originally a product of American pre-war philanthropism that entered the European stage in the mid-1920s. The founding of mental hygiene associations in Europe was the result of lobbying by protagonists of the vastly more successful movement in the United States. The Europe associations directly built upon various preexisting local reform agendas in psychiatry, which I discuss in chapter IV. Mental hygiene brought together various approaches to psychiatric reform and prophylaxis in common national frameworks and engaged them in the international “politics of comparison.”¹⁴ At the same time, reform-minded psychiatrists used the prestige of being part of an up-and-coming international movement to bolster their own position at home. Mental hygiene introduced an unprecedented degree of internationalism to the professional networks of reform-minded psychiatrists, and – in the same year as applied psychiatry – reached its apogee in 1930 with a large-scale international meeting in Washington, D.C. In the decade to follow, and against the backdrop of rising political tensions, the numerous meetings of European mental hygienists continued. As I show, during this time, mental hygiene’s internationalism became increasingly charged with political notions of mutual understanding among nations and the preservation of war. These notions, however, could also be instrumentalized by the foreign policy propaganda of the “Third Reich.”

From the very beginning, there were considerable discrepancies between what mental hygiene actually meant on both sides of the Atlantic. In the wake of the world economic crisis, the different national branches of the international movement drifted apart even further. US mental hygienists believed in the importance of environmental factors, and used Freudian notions to propagate early adjustment in childhood and social and political reform. By contrast, German mental hygienists subscribed to the social-Darwinist view that the most effective way to prevent mental illness was to prevent the mentally ill from reproducing. Although the initial agenda of the German Association for Mental Hygiene was broad, its activities increasingly narrowed down to the propagation of racial hygiene and eugenics. In Switzerland, mental hygiene was on yet another intellectual trajectory. Strongly influenced by both Auguste Forel’s pre-war psycho-utopian reflections and by psychoanalytic concepts, leading representatives of the Swiss

¹⁴ A notion used by Martin Kohlrausch and Helmuth Trischler, *Building Europe on Expertise: Innovators, Organizers, Networkers* (Houndsmills, Basingstoke: Palgrave Macmillan, 2014), 1.

movement envisioned mental hygiene as far more than a medical specialty, and even as the pedagogical and philosophical foundation of a future society.

The fact that the programs mentioned above – and others, too – had such catchy brand names is telling in itself. After the First World War, scientific expertise increasingly became an actively traded commodity. Experts from all fields entered a booming market, in which different resources – such as research money and equipment, power, prestige, legitimacy, and recognition – were traded, not only between scientists and political actors, but also inside disciplines, among them, and in the public sphere.¹⁵ Against this backdrop, the programs' names reflect the need to situate and advertise them in a competitive environment, and to distinguish them strategically from similar agendas.¹⁶

Certainly, the examples discussed here were not the only reason for and not the only expression of the shift into the social sphere that psychiatry and psychiatric knowledge undoubtedly experienced during this period. This process, when seen from the very broad perspective that has also informed recent research on the history of “psycho-knowledge” in the twentieth century,¹⁷ has to be understood as the outcome of a complex conjuncture of scientific, political, social, economic, and cultural factors. The programs mentioned above were, in some way or another, influenced by the expansion of the welfare state and the debates on pensions for mentally wounded soldiers, which created an increasing demand for psychiatric expertise in welfare legislation and bureaucracy.¹⁸ Advances in heredity research, which added to the scientific prestige of this field of psychiatry and brought the discipline as a whole closer to the already well-established movement for eugenics and “racial hygiene”, also stimulated the

¹⁵ On this understanding of the concept of “resources” in the history of science and technology, see Mitchell G. Ash, “Wissenschaft und Politik als Ressourcen für einander,” in *Wissenschaften und Wissenschaftspolitik: Bestandsaufnahmen zu Formationen, Brüchen und Kontinuitäten im Deutschland des 20. Jahrhunderts*, ed. Rüdiger vom Bruch and Brigitte Kaderas (Stuttgart: Steiner, 2002); Mitchell G. Ash, “Wissenschaft(en) und Öffentlichkeit(en) als Ressourcen füreinander: Weiterführende Bemerkungen zur Beziehungsgeschichte,” in *Wissenschaft und Öffentlichkeit als Ressourcen füreinander: Studien zur Wissenschaftsgeschichte im 20. Jahrhundert*, ed. Sybilla Nikolow and Arne Schirrmacher (Frankfurt am Main and New York: Campus, 2007).

¹⁶ For an earlier example from the history of the psy-disciplines, see Sonu Shamdasani, “Psychotherapy: The Invention of a Word,” *History of the Human Sciences* 18, no. 1 (2005).

¹⁷ Maik Tändler and Uffa Jensen, eds., *Das Selbst zwischen Anpassung und Befreiung: Psychowissen und Politik im 20. Jahrhundert* (Göttingen: Wallstein, 2012).

¹⁸ Stephanie Neuner, *Politik und Psychiatrie: Die staatliche Versorgung psychisch Kriegsbeschädigter in Deutschland 1920-1939* (Göttingen: Vandenhoeck & Ruprecht, 2011); Jason Crouthamel, *The Great War and German Memory: Society, Politics and Psychological Trauma, 1914-1945* (Exeter: University of Exeter Press, 2009).

notion of psychiatric prophylaxis.¹⁹ Other important impulses came from professionalization and expansion of psychotherapy, and from the increasing circulation of psychoanalytic ideas among scholars, intellectuals, artists, and in the public.

This study offers a new perspective on psychiatry's development in the years between the world wars and on its shift into the social sphere. It focuses not only on psychiatrists' most explicit attempts to move the boundaries of their discipline beyond the clinic and the asylum, but also on three different layers of this process: on *diagnosis*, *expansion*, and *prophylaxis*. The obvious example for the first aspect are the psycho-political writings in the aftermath of the 1918/19 revolution. They relied on a double extension of the range of psychiatry's diagnoses, both on the group of "psychopathic" individuals that were rarely to be found in the asylum and the clinic, and on the entire nation, which was described as collectively demonstrating the symptoms of a hysteric individual. Many of these tracts moved from diagnosis to therapy, and proposed socio-medical interventions that went far beyond the traditional boundaries of psychiatry. This expansion is the topic of the second case study. Nowhere was the idea of an expansion of psychiatry's sphere of authority articulated as radically as in the case of applied psychiatry. Erwin Stransky was not so much interested in the solving of specific social and medical problems as with an aggressive expansion of psychiatry on all fronts. The third aspect, prophylaxis, became the pivotal idea of the movement for mental hygiene. The notion of a prevention of mental illness was directly connected to foundational research into its causation, but it also involved a redefinition of the boundaries of psychiatrists' activities. In all three of these interconnected case studies, I ask the same question: how did the psycho-political conjuncture of national politics, professional politics inside the psy-disciplines, and medical and psychiatric ideas shape and redefine psychiatrists' self-understanding in the interwar period?

Throughout this study, the focus is not only on ideas and institutions, but also on the individual scholars who conceived them. I situate their ideas on psycho-political diagnosis, disciplinary

¹⁹ Volker Roelcke, "Psychiatrische Wissenschaft im Kontext nationalsozialistischer Politik und Euthanasie: Zur Rolle Ernst Rüdins und der Deutschen Forschungsanstalt für Psychiatrie/Kaiser-Wilhelm-Institut," in *Geschichte der Kaiser-Wilhelm-Gesellschaft im Nationalsozialismus: Bestandsaufnahme und Perspektiven der Forschung*, ed. Doris Kaufmann (Göttingen: Wallstein, 2000); Matthias M. Weber, "Rassenhygienische und genetische Forschungen an der Deutschen Forschungsanstalt für Psychiatrie/Kaiser-Wilhelm-Institut in München vor und nach 1933," in *Geschichte der Kaiser-Wilhelm-Gesellschaft im Nationalsozialismus: Bestandsaufnahme und Perspektiven der Forschung*, ed. Doris Kaufmann (Göttingen: Wallstein, 2000).

expansion, and mental prophylaxis in the context of their professional trajectories, and the actors themselves in their broader historical context. The goal of this relatively person-centered approach is not to return to a naïve or Whiggish narrative of “great men” and their deeds and ideas that has long dominated the historiography of medicine. Even if one were to endorse this approach, many of the protagonists introduced in this study would hardly qualify for the label. Instead, the aim is to use the biographies of a number of protagonists as a method among others in order to gain an additional layer of analysis.²⁰ While a top-down view on larger discourses and macro-structures would perhaps produce a neater account, a perspective moving more freely between individual biographies and broader contexts has the potential to overcome the temptation for linear stories and an all too homogenizing understanding of modern psychiatry.²¹ Following individual scholars through their historical contexts offers a way to avoid some of the pitfalls of the teleological narrative of an ever-increasing permeation of society by the psy-disciplines, by instead highlighting individual agency, contingency, and historicity. In particular, a more person-centered approach provides a more complex understanding of continuities and discontinuities through the political caesuras and crises of the early twentieth century.²²

When “following the actors,” one may end up in unexpected places.²³ It becomes apparent that the discipline’s boundaries were far more porous than commonly assumed, and that the networks around these protagonists held surprising connections between different scholars and their respective approaches, likely and less-likely alliances and long-standing enmities. At the same time, a more long-term perspective on the careers of these scholars can contribute to a more comprehensive analysis of the development of their ideas, as well as the continuities and discontinuities and the impact of individual and collective experiences. Finally, a closer look at the protagonists helps to relate the expansion of scientific expertise in the early twentieth century to the changes in political, medical, and academic self-perceptions that animated, accompanied, and legitimized this process.

²⁰ See also Margit Szöllösi-Janze, “Lebens-Geschichte - Wissenschafts-Geschichte: Vom Nutzen der Biographie für Geschichtswissenschaft und Wissenschaftsgeschichte,” *Berichte zur Wissenschaftsgeschichte* 23, no. 1 (2000); Iris Borowy and Anne Hardy, eds., *Of Medicine and Men: Biographies and Ideas in European Social Medicine between the World Wars* (Frankfurt am Main et al.: Peter Lang, 2008).

²¹ Jacques Revel, ed. *Jeux d'échelles: La micro-analyse à l'expérience* (Paris: Gallimard Le Seuil, 1996).

²² See also Alexander Etkind, “Trotsky’s Offspring: Revolutionaries, Psychoanalysts and the Birth of ‘Freudo-Marxism,’” *Times Literary Supplement*, 3 October 2013.

²³ Bruno Latour, *Science in Action: How to Follow Scientists and Engineers Through Society* (Cambridge, Mass.: Harvard University Press, 1987).

ESCAPING THE STRAIGHTJACKET OF CONFINEMENT: THE HISTORY OF TWENTIETH-CENTURY PSYCHIATRY

Although this study takes its inspirations and perspectives from a number of different historiographical fields, its topic clearly places it in the history of psychiatry. Over the last decades, the historiography of psychiatry has developed into a vibrant and highly diverse historical sub-discipline. Recently, historians in the field have again broadened their perspective, increasingly situating the history of psychiatry in the broader context of society, culture, science, and technology, and in the burgeoning “medical humanities.”²⁴ Nevertheless, despite its expansion and diversification, the field is still conspicuously shaped by the impulses that vaulted it out of a narrowly defined, Whig history of medicine in the 1960s. As I argue in this section, the historiography of twentieth-century psychiatry faces two challenges: finding suitable narratives and concepts capable of describing the specifics of psychiatry in the twentieth century, and taking into account both the internal complexities of psychiatry as a discipline and its location in a wider field of sciences and practices targeting the human mind.

HISTORIES OF THE ASYLUM

The trajectory of the history of psychiatry since the last third of the twentieth century cannot be understood without the so-called “anti-psychiatric” movement.²⁵ The symbiotic relationship of sociological and historical research on psychiatry and the international movement for its reform is particularly clear in the case of two seminal books: Michel Foucault’s *Folie et déraison* and Erving Goffman’s *Asylums*, both first published in 1961. Among others, these two books helped place the issue of psychiatry into the center of historical, sociological, and philosophical debates, while at the same time defining and politicizing the theoretical outlook of the “anti-

²⁴ For three recent edited volumes approaching the history of German psychiatry from a broad range of perspectives, see Volker Hess and Heinz-Peter Schmiedebach, eds., *Am Rande des Wahnsinns: Schwellräume einer urbanen Moderne*, Kulturen des Wahnsinns (1870-1930) (Vienna, Cologne, and Weimar: Böhlau, 2012); Hans-Walter Schmuhl and Volker Roelcke, eds., *„Heroische Therapien.“ Die deutsche Psychiatrie im internationalen Vergleich 1918-1945* (Göttingen: Wallstein, 2013); Christine Wolters, Christof Beyer, and Brigitte Lohff, eds., *Abweichung und Normalität: Psychiatrie in Deutschland vom Kaiserreich bis zur Deutschen Einheit* (Bielefeld: transcript, 2013).

²⁵ A description imposed by others, and rejected by many protagonists of the so-termed movement, see Thomas Szasz, *The Therapeutic State: Psychiatry in the Mirror of Current Events* (Buffalo, N.Y.: Prometheus Books, 1984), 24.

psychiatric” movement.²⁶ Despite considerable differences in their scope and their intellectual approach, Foucault and Goffman shared an understanding of psychiatry as an institutionalized form of social control, and of the asylum as the space in which this control was exerted. Goffman in particular stressed how the asylum as a “total institution” could itself shape its inmates and their behavior, thereby providing an argument not only for the view that mental illness could be examined as the outcome of a process of social construction, but also for the more trenchant charge that psychiatry itself might be pathogenic, in the sense that it manufactured categories of mental illness in order to uphold and expand its role in a system of social control.²⁷

“Anti-psychiatry” and the more radical political ideas associated with it have since faded into obscurity (partly to reemerge as objects of historical research more recently).²⁸ Nonetheless, the debates of the 1960s and 1970s decisively shaped the field of the history of psychiatry and continue to have some influence on present-day debates.²⁹ In Germany, social historians like Klaus Dörner and Dirk Blasius were the first to examine the history of psychiatry in a broader social and political context.³⁰ Taking their cues from Foucault and Goffman, they focused on the emergence of psychiatry as a scientific discipline and profession, and as a means of social control during the nineteenth century, stressing in particular the close relation between bourgeois demands for the preservation of social order and the exclusion of unproductive

²⁶ Benoît Majerus, "Mapping Antipsychiatry: Elemente für die Geschichte einer transnationalen Bewegung," *Themenportal Europäische Geschichte* (2010), <http://www.europa.clío-online.de/2010/Article=440>.

²⁷ This claim was made in yet another influential 1961 book, see Thomas Szasz, *The Myth of Mental Illness: Foundations of a Theory of Personal Conduct* (New York: Harper & Row, 1961). Laing's seminal contribution to the anti-psychiatric debate of the 1960s, which relied on a very similar premise, was first published in 1959, see Ronald D. Laing, *The Divided Self: An Existential Study in Sanity and Madness* (London et al.: Penguin Books, 1990).

²⁸ Gerald N. Grob, "The Attack on Psychiatric Legitimacy in the 1960s: Rhetoric and Reality," *Journal of the History of the Behavioral Sciences* 47, no. 4 (2011); Duncan B. Double, "The History of Anti-Psychiatry: An Essay Review," *History of Psychiatry* 13, no. 50 (2002); Cornelia Brink, "Keine Angst vor dem Psychiater: Psychiatrie, Psychiatriekritik und Öffentlichkeit in der Bundesrepublik Deutschland (1960-1980)," in *"Moderne" Anstaltspsychiatrie im 19. und 20. Jahrhundert: Legitimation und Kritik*, ed. Heiner Fangerau and Karen Nolte (Stuttgart: Steiner, 2006); Dieter Lehmkuhl, "Reformpsychiatrie in Zeiten antiautoritärer und antipsychiatrischer Bewegungen: Ein Zeitzeugenbericht," in *Psychiater und Zeitgeist: Zur Geschichte der Psychiatrie in Berlin*, ed. Hanfried Helmchen (Lengerich: Pabst, 2008). For a recent attempt to revitalize anti-psychiatry as a field of academic research and political activism under the topical label of “mad studies,” see Brenda A. LeFrançois, Robert Menzies, and Geoffrey Reaume, eds., *Mad Matters: A Critical Reader in Canadian Mad Studies* (Toronto: Canadian Scholars' Press, 2013).

²⁹ For two recent examples, see Markus Hedrich, *Elektrotherapie, elektrischer Stuhl und psychiatrische "Elektroschocktherapie" in den USA, 1890-1950* (Bielefeld: transcript, 2014); China Mills, *Decolonizing Global Mental Health: The Psychiatrization of the Majority World* (London and New York: Routledge, 2014).

³⁰ Dörner, *Bürger und Irre*; Dirk Blasius, *Der verwaltete Wahnsinn: Eine Sozialgeschichte des Irrenhauses* (Frankfurt am Main: Fischer, 1980); Blasius, *Einfache Seelenstörung*.

individuals in an emerging capitalist society. In the center of this narrative stood the asylum, and psychiatry's pendulum-like swings between liberal reform on the one hand, and confinement, neglect, and coercion on the other.

Over the following decades, the history of psychiatry received important impulses from contemporary trends in general and medical history, which could still be accommodated into the broader narrative focused on confinement and the asylum. *Alltagsgeschichte*, microhistory, and (medical) "history from below" gave more weight to the perspective of the inmates and patients, examining their everyday experiences and their agency, while also tapping patient files as a rich new source for historical inquiry.³¹ Around the same time, scholars from women's and gender history made a crucial contribution to the field when they pointed out that neither medical practice nor psychiatric diagnoses like hysteria were independent from gender categories and hierarchies.³² In the first decade of the twenty-first century, these perspectives experienced a considerable boom in the German-language historiography of psychiatry, when numerous scholars began unearthing the archives of former and existing asylums to examine everyday life, material cultures of psychiatric institutions, patient narratives and experiences "from below."³³

DEINSTITUTIONALIZATION

Despite its undeniable merits, a historiography of psychiatry centered on the asylum, confinement and social control may have some considerable limitations. As Volker Hess and Benoît Majerus have pointed out in a 2011 article, this is especially pertinent when historians

³¹ Roy Porter, "The Patient's View: Doing Medical History From Below," *Theory and Society* 14, no. 2 (1985).

³² Esther Fischer-Homberger, *Krankheit Frau: Zur Geschichte der Einbildungen* (Darmstadt: Luchterhand, 1984); Elaine Showalter, *The Female Malady: Women, Madness and English Culture, 1830-1980* (New York: Pantheon Books, 1985); Franziska Lamott, *Die vermessene Frau: Hysterien um 1900* (Munich: Wilhelm Fink, 2001).

³³ Karen Nolte, *Gelebte Hysterie: Erfahrung, Eigensinn und psychiatrische Diskurse im Anstaltsalltag um 1900* (Frankfurt am Main: Campus, 2003); Heiner Fangerau and Karen Nolte, eds., *"Moderne" Anstaltspsychiatrie im 19. und 20. Jahrhundert: Legitimation und Kritik* (Stuttgart: Franz Steiner, 2006); Monika Ankele, *Alltag und Aneignung in Psychiatrien um 1900: Selbstzeugnisse von Frauen aus der Sammlung Prinzhorn* (Vienna, Cologne, and Weimar: Böhlau, 2009); Cornelia Brink, *Grenzen der Anstalt: Psychiatrie und Gesellschaft in Deutschland 1860-1980* (Göttingen: Wallstein, 2010). See also Roy Porter and David Wright, eds., *The Confinement of the Insane: International Perspectives 1800-1965* (Cambridge et al.: Cambridge University Press, 2003). Recently: Thomas Knowles and Serena Trowbridge, eds., *Insanity and the Lunatic Asylum in the Nineteenth Century* (London: Pickering & Chatto, 2014).

tackle the history of psychiatry in the twentieth century.³⁴ The grand narrative of confinement inspired by Foucault's works, they argue, provided an authoritative framework for the interpretation of the history of psychiatry in the eighteenth and nineteenth century. The attempt, however, to extend its range into the twentieth century will necessarily fail to describe the specificities of psychiatry's development in the twentieth century, which was far more multi-layered than that. Hess and Majerus's analysis may perhaps be somewhat overgeneralizing, in particular as it takes no notice of the heated debates revolving around Foucault's works on the history of psychiatry since the 1970s, and therefore overestimates the degree of consensus that has been reached in the history of psychiatry in the "long" nineteenth century and before.³⁵ Even so, it accurately describes an important and too often ignored issue in the historiography of psychiatry. Hess and Majerus have in mind mostly the mutations that psychiatry underwent after the Second World War that brought about the end of classic institutional treatment – the rise of social psychiatry, psychopharmacology, and neurophysiological explanatory models.³⁶ Nevertheless, their interjection is equally relevant for the history of psychiatry in the interwar period, which cannot be told as a linear continuation of nineteenth-century asylum psychiatry, but was shaped by parallel, conflicting, complementary, and sometimes contradictory trends as the beginnings of social psychiatry, the rise of the eugenic paradigm, the development of "heroic" therapies, and the increasing competition with other psy-disciplines.

The same holds also true for Greg Eghigian's call for a "deinstitutionalization" of the history of contemporary psychiatry.³⁷ Again, the focus of his own research is in the last third of the twentieth century, and the notion of "deinstitutionalization" is linked to this specific period. Nonetheless, the process that Eghigian describes – psychiatry leaving the clinic and the hospital and becoming "a technoscience that operates in numerous settings" – began much earlier. It is in fact exactly the shift that my own study is about, when it examines psychiatrists' early

³⁴ Volker Hess and Benoît Majerus, "Writing the History of Psychiatry in the 20th Century," *History of Psychiatry* 22, no. 2 (2011).

³⁵ Gladys Swain and Marcel Gauchet, *Le sujet de la folie: Naissance de la psychiatrie* (Paris: Calmann-Lévy, 1997); Marcel Gauchet and Gladys Swain, *La pratique de l'esprit humain: L'institution asilaire et la révolution démocratique* (Paris: Gallimard, 1980); Arthur Still and Irving Velody, eds., *Rewriting the History of Madness: Studies in Foucault's Histoire de la folie* (London: Routledge, 1992). See also Andrew Scull, "A Failure to Communicate? On the Reception of Foucault's *Histoire de la folie* by Anglo-American Historians," in *The Insanity of Place/The Place of Insanity: Essays on the History of Psychiatry* (London and New York: Routledge, 2006).

³⁶ See also Mark S. Micale, "The Ten Most Important Changes in Psychiatry since World War II," *History of Psychiatry* 25, no. 4 (2014).

³⁷ Greg Eghigian, "Deinstitutionalizing the History of Contemporary Psychiatry," *History of Psychiatry* 22, no. 2 (2011).

attempts to reach out of the clinic and into society. The agenda of the mental hygiene movement is certainly a particularly clear and early example for an effort to “deinstitutionalize” psychiatry, in particular as mental hygiene was a direct precursor of approaches that would only fully come to fruition after the Second World War under the umbrella term “mental health.” Even the eugenic and racial hygiene ideas advocated by the mental hygienists’ and other protagonists of this study, today rightly considered an appalling abuse of medical power, followed a rationale of “deinstitutionalization” rather than of confinement.

Certainly, the “deinstitutionalization” of psychiatry, when understood in this very broad sense, was not simply a linear process, and it did not happen suddenly. Institutional and non-institutional approaches coexisted, overlapped, and completed each other for much of the twentieth century, and shifts from one to the other were not only driven by internal debates in psychiatry, but also by changing etiologies of mental illness, new treatment methods, by political actors, broader changes in the welfare system, and economic concerns. One may well describe the aftermath of the First World War as a time when the gradual shift from a paradigm of institutional care and confinement to one of “deinstitutionalization,” open care, and (eugenic and non-eugenic) prophylaxis reached a tipping point.

BETWEEN SHELL SHOCK AND “EUTHANASIA”

The history of psychiatry may not yet have found an authoritative narrative to describe the larger developments in the twentieth century. Yet, there is ample research in the field.³⁸ While studies in eighteenth and nineteenth-century psychiatry still make up the bigger part of publications, interest in the twentieth century has been steadily growing for some time now.³⁹ As far as the history of psychiatry in the German-speaking countries is concerned, scholars’ interest has very much focused on two particular, momentous episodes, between which this study is wedged: the treatment of traumatized soldiers during the First World War, and the mass sterilization and mass killing of patients committed by psychiatrists during the Nazi rule. As

³⁸ For the most comprehensive account of psychiatry in the twentieth century up to date, see Edward Shorter, *A History of Psychiatry: From the Era of the Asylum to the Age of Prozac* (New York et al.: John Wiley & Sohns, 1997).

³⁹ Eghigian, "Deinstitutionalizing the History of Contemporary Psychiatry," 202.

these two are at the beginning and the end of my narrative respectively, it will be necessary to comment briefly on some of the more relevant trends in research.

During the last two decades, the military psychiatry of the First World War has become one of the most densely researched topics in the field. Apart from the recently rekindled interest in all aspects of the 1914-1918 war in the context of its centenary, this is to no small degree due to the emergence of new perspectives on the psychological injuries of the war around the turn of the millennium. These were in turn part of a much broader, cross-disciplinary debate on trauma taking place during this time. The most important impulses for this remarkable currency of the trauma concept were formulated outside historiography in the second half of the 1990s before being also picked up by historians of psychiatry.⁴⁰ While scholars from different disciplines used a broadly defined, psychoanalytically inspired understanding of “cultural trauma” to understand how the catastrophes and cataclysms of the twentieth century could have been experienced and narrated, cultural historians discovered that “shell shock,” the iconic psychiatric diagnosis of the First World War, was in fact a “social disease.”⁴¹ More than being just the result of an individual traumatization due to the somatic or psychological impact of the war, the symptoms, etiologies, treatment methods, and narratives of “shell shock” conveyed a broader cultural and political meaning accessible to historical hermeneutics. Since then, the notion of “shell shock” has increasingly moved out of its original clinical context and has become a catch phrase encapsulating the individual and collective ordeal of the war – as it had already been during and immediately after the war.⁴²

⁴⁰ Cathy Caruth, *Unclaimed Experience: Trauma, Narrative, and History* (Baltimore: Johns Hopkins University Press, 1996); Mark S. Micale and Paul Lerner, eds., *Traumatic Pasts: History, Psychiatry, and Trauma in the Modern Age, 1870-1930* (Cambridge et al.: Cambridge University Press, 2001). For more recent contributions to the debate, see Roger Luckhurst, *The Trauma Question* (London and New York: Routledge, 2008); Jeffrey C. Alexander, *Trauma: A Social Theory* (Cambridge and Malden: Polity, 2012). On the trauma of the First World War, see Inka Mülder-Bach, ed. *Modernität und Trauma: Beiträge zum Zeitenbruch des Ersten Weltkriegs* (Vienna: WUV Universitätsverlag, 2000).

⁴¹ George L. Mosse, "Shell-Shock as a Social Disease," *Journal of Contemporary History* 35, no. 1 (2000).

⁴² Jay Winter, "Shell-Shock and the Cultural History of the Great War," *Journal of Contemporary History* 35, no. 1 (2000); Kaes, *Shell Shock Cinema*; Annessa C. Stagner, "Healing the Soldier, Restoring the Nation: Representations of Shell Shock in the USA During and After the First World War," *Journal of Contemporary History* 49, no. 2 (2014); Peter Leese, *Shell Shock: Traumatic Neuroses and the British Soldiers of the First World War* (New York: Palgrave, 2002); Peter Barham, *Forgotten Lunatics of the Great War* (New Haven and London: Yale University Press, 2004); Fiona Reid, *Broken Men: Shell Shock, Treatment and Recovery in Britain 1914-1930* (London and New York: Continuum, 2010).

In Germany, by contrast, the psychiatric experience of the First World War was long seen only in the light of the second.⁴³ The drastic and painful methods of “active treatment” were decried as torture and a coercive abuse of medical power by sadist, right-wing militarist psychiatrists, leading directly to the crimes of Nazi psychiatry. This narrative may not even have been completely mistaken. However, its simplistic assumption about a *Sonderweg* of German psychiatry obscured more than it actually revealed, leaving little space for contingencies, complexities, and discontinuities, while at the same time reducing the period between the world wars to a mere interlude.

Paul Lerner’s 2003 monograph *Hysterical Men* marks an important shift in the historiography on German First World War psychiatry around the turn of the twenty-first century.⁴⁴ It provided a far more differentiated account transcending the juxtaposition of authoritarian neuropsychiatrists and sympathetic psychoanalysts, and connected the topic to ongoing debates on trauma, masculinity, and modernity. In the first decade of the twenty-first century, the First World War became one of the single best-researched topic in the history of German psychiatry.⁴⁵ Notably, the proliferation of research on military psychiatry has also opened up new perspectives on the previously understudied history of psychiatry in the years between the world wars, even if mostly as an aftermath of the First World War.⁴⁶ In the last ten years, different studies have examined how mentally wounded veterans’ pension claims became the issue of a heated and politicized debate in interwar Germany and how they affected welfare legislation. Moreover, historians’ new interest in the psychiatric dimension of the First World

⁴³ Tellingly, most studies on German military psychiatry from the 1980s and 1990s have not focused on the First World War alone, but on both world wars, see Karl Heinz Roth, “Die Modernisierung der Folter in den beiden Weltkriegen: Der Konflikt der Psychotherapeuten und Schulpsychiater um die deutschen Kriegsneurotiker 1915-1945,” 1999: *Zeitschrift für Sozialgeschichte des 20. und 21. Jahrhunderts* 2, no. 3 (1987); Peter Riedesser and Axel Verderber, *Maschinengewehre hinter der Front: Zur Geschichte der deutschen Militärpsychiatrie* (Frankfurt am Main: Fischer, 1996); Günter Komo, *Für Volk und Vaterland: Die Militärpsychiatrie in den Weltkriegen* (Münster: Lit, 1992).

⁴⁴ Lerner, *Hysterical Men*. See also Doris Kaufmann, “Science as Cultural Practice: Psychiatry in the First World War and Weimar Germany,” *Journal of Contemporary History* 34, no. 1 (1999).

⁴⁵ A plethora of studies has dealt with almost any aspect of the topic. See, for example, Julia Barbara Köhne, *Kriegshysteriker: Strategische Bilder und mediale Techniken militärpsychiatrischen Wissens (1914-1920)* (Husum: Matthiessen, 2009); Hans-Georg Hofer, *Nervenschwäche und Krieg: Modernitätskritik und Krisenbewältigung in der österreichischen Psychiatrie (1880-1920)* (Vienna, Cologne, and Weimar: Böhlau, 2004); Crouthamel, *The Great War and German Memory*; Sabine Kienitz, *Beschädigte Helden: Kriegsinvalidität und Körperbilder 1914-1923* (Paderborn: Schöningh, 2008); Philipp Rauh, “Die militärpsychiatrischen Therapiemethoden im Ersten Weltkrieg - Diskurs und Praxis,” in *Heroische Therapien: Die deutsche Psychiatrie im internationalen Vergleich 1918-1945*, ed. Hans-Walter Schmuhl and Volker Roelcke (Göttingen: Wallstein, 2013).

⁴⁶ Lerner, *Hysterical Men*, 193-248; Crouthamel, *The Great War and German Memory*; Neuner, *Politik und Psychiatrie*.

War around the turn of the millennium coincided with a time when the history of psychiatry received important new impulses from adjacent fields. In discussing the embattled nerves of the trench warrior as a medium through which the experience of the war and the state of the nation could be understood, these studies shifted the focus from psychiatry as a discipline to the wider political and cultural implications of its diagnoses; a perspective that drew on then recent research on the role of the “nerves” in modern German history.

Somewhat ironically, it was at a time when more forward-thinking scholars like Friedrich Kittler prophesized the imminent end of the “age of the nerves” that historians first discovered the topic.⁴⁷ While Joachim Radkau’s monograph on the “age of nervousness” could perhaps not live up to some of its all too encompassing claims, it certainly introduced the fluid diagnosis of nervousness as a contemporary catchphrase for the experiences and mental strains of an accelerating and crisis-ridden modernity to a broader historical audience.⁴⁸ At the same time, by situating the nerves (and with them, the human body and subjectivity) between Wilhelmine, Weimar, and Nazi politics on the one side, and the rapid development of electrical and communication technologies on the other, Radkau’s study opened up the history of psychiatry towards both a cultural history of politics and the history of the technosciences. Since then, other scholars have taken up the issue of neurasthenia from various perspectives, and greatly contributed to a broadly conceived history of pre-war and interwar psychiatry as part of a history of German modernity.⁴⁹

Any study examining the history of interwar psychiatry in the German speaking countries inevitably has to relate itself to the history of German psychiatry after 1933. This is especially true when it comes to understanding the prophylactic and socio-medical approaches of interwar psychiatry. These were connected to the crimes of Nazi psychiatry not only through a shared

⁴⁷ See a 1995 conversation between Kittler and philosopher Paulo Virilio, published in Friedrich Kittler, *Short Cuts* (Frankfurt am Main: Zweitausendeins, 2002), 142.

⁴⁸ Joachim Radkau, *Das Zeitalter der Nervosität: Deutschland zwischen Bismarck und Hitler* (Munich: Hanser, 1998); Joachim Radkau, "Die Wilhelminische Ära als nervöses Zeitalter, oder: die Nerven als Netz zwischen Tempo- und Körpergeschichte," *Geschichte und Gesellschaft* 20, no. 2 (1994); Volker Ullrich, *Die nervöse Großmacht 1871-1918: Aufstieg und Untergang des deutschen Kaiserreichs* (Frankfurt am Main: S. Fischer, 1997).

⁴⁹ Andreas Killen, *Berlin Electropolis: Shock, Nerves, and German Modernity* (Berkeley, Los Angeles, and London: University of California Press, 2006); Michael Cowan, *Cult of the Will: Nervousness and German Modernity* (Pennsylvania: The Pennsylvania State University Press, 2008); Hofer, *Nervenschwäche und Krieg*. For a broader, international perspective, see Marijke Gijswijt-Hofstra and Roy Porter, eds., *Cultures of Neurasthenia from Beard to the First World War* (Amsterdam: Rodopi, 2001).

set of medical and political ideas, but also through protagonists whose career led them from being key actors in interwar reform programs to being actively engaged in Nazi “euthanasia.” Evidently, this is anything but a surprising discovery. Right-wing nationalist views were relatively common among German physicians long before the First World War, and the nexus between turn-of-the-century social Darwinism, eugenics, and Nazi psychiatry has been extensively researched from the second half of the 1980s onwards.⁵⁰ The First World War and its aftermath were certainly an important caesura, pushing forward the institutionalization of the eugenics movement, and considerably radicalizing its medico-political outlook. It was in 1920 that jurist Karl Binding and psychiatrist Alfred Hoche introduced the now infamous notion of “life unworthy of life” and initiated a debate that would eventually lead to the mass murder of psychiatric inmates committed by German psychiatrists after 1939.⁵¹

However, the issue of eugenics and Nazi psychiatry presents a history of interwar psychiatry in the German-speaking countries with a greater methodological challenge than might be initially expected. When taking into account the many existing studies on the eugenics movements in other parts of the world, as well as research with a comparative perspective or a focus on international networks, it becomes clear that eugenics as such were not a German *Sonderweg*, but a global trend in the interwar period.⁵² In addition, eugenic ideas were not necessarily linked to right-wing political views, but could also be part of more progressive and left-wing varieties of “social engineering.”⁵³ The link between Nazi medicine and eugenics, one might say, works

⁵⁰ Hans-Walter Schmuhl, *Rassenhygiene, Nationalsozialismus, Euthanasie: Von der Verhütung zur Vernichtung "lebensunwerten Lebens," 1890-1945* (Göttingen: Vandenhoeck & Ruprecht, 1987); Paul Weindling, *Health, Race and German Politics Between National Unification and Nazism, 1870-1945* (Cambridge: Cambridge University Press, 1989); Peter Weingart, Jürgen Kroll, and Kurt Bayertz, *Rasse, Blut und Gene: Geschichte der Eugenik und Rassenhygiene in Deutschland* (Frankfurt: Suhrkamp, 1992).

⁵¹ Karl Binding and Alfred Hoche, *Die Freigabe der Vernichtung lebensunwerten Lebens: Ihr Maß und ihre Form* (Leipzig: F. Meiner, 1920); Ernst Klee, *"Euthanasie" im NS-Staat: Die "Vernichtung lebensunwerten Lebens"* (Frankfurt am Main: S. Fischer, 1983). Recently: Götz Aly, *Die Belasteten: "Euthanasie" 1939–1945. Eine Gesellschaftsgeschichte* (Frankfurt am Main: S. Fischer, 2013).

⁵² Mark B. Adams, ed. *The Wellborn Science: Eugenics in Germany, France, Brazil, and Russia* (New York: Oxford University Press, 1990); Stefan Kühl, *Die Internationale der Rassisten: Aufstieg und Niedergang der internationalen Bewegung für Eugenik und Rassenhygiene im 20. Jahrhundert* (Frankfurt am Main and New York: Campus, 1997); Alison Bashford and Philippa Levine, eds., *The Oxford Handbook of the History of Eugenics* (New York: Oxford University Press, 2010); Regina Wecker et al., eds., *Wie nationalsozialistisch ist die Eugenik? Internationale Debatten zur Geschichte der Eugenik im 20. Jahrhundert = What is National Socialist about Eugenics? International Debates on the History of Eugenics in the 20th Century* (Vienna, Cologne, Weimar: Böhlau, 2009).

⁵³ See, for example, the case of Sweden, Thomas Etzemüller, *Die Romantik der Rationalität: Alva & Gunnar Myrdal - Social Engineering in Schweden* (Bielefeld: transcript, 2010). The Austrian anatomist Julius Tandler and the Swiss psychiatrist Auguste Forel are two well-known examples of eminent left-wing eugenicists, see Karl Sablik, *Julius Tandler: Mediziner und Sozialreformer* (Frankfurt am Main: Peter Lang, 2010); Bernhard

better in one direction than in the other: While Nazi psychiatry after 1933 narrowed itself down to eugenics and “racial hygiene,” the history of eugenics cannot be narrowed down to Nazi psychiatry.

There are two important implications to this. First, when dealing with eugenic ideas in the interwar period, even when focusing on the German-speaking countries, one should avoid a teleological perspective leading straight to Nazi medicine. While it may be easy to retrospectively describe the eugenic ideas in interwar Germany as direct precursors, the actual developments and debates were certainly more open and left more room for contingency. Second, the eugenics movement was far from homogeneous, and calls for a complex understanding that sees eugenics in multiplicity. There was not one single approach to eugenics, but numerous varieties, depending on different national contexts as well as political and scientific allegiances. Certainly, the case of German racial hygiene after 1933 stands out due to both the sheer scale and brutality of its implementation, and its close conjunction with Nazi ideology and politics. The more productive question, however, would not be “what is National Socialist about eugenics?” but rather, what was specific about German “racial hygiene” in the much wider field of the history of global eugenics movements?⁵⁴

THE FLUID BOUNDARIES OF DISCIPLINES

The issue of eugenics is a paramount example for more general methodological challenge faced by this study. It does not only raise the question of international comparison and contextualization, but may also help to problematize the role of disciplines in newly emerging fields of scientific theory and practice. While the history of psychiatry can certainly serve as a vantage point for examining the development of eugenics, one must also take into account that psychiatrists were far from being the only ones pursuing eugenic ideas. Instead, the theory and practice of eugenics emerged in an increasingly crowded interdisciplinary field, in which psychiatry was merely one discipline among others and in which biologists, social and general hygienists, geneticists, criminologists, jurists, and anthropologists were staking out their claims.

Kuechenhoff, "The Psychiatrist Auguste Forel and his Attitude to Eugenics," *History of Psychiatry* 19, no. 2 (2008).

⁵⁴ A similar question has also been raised by Paul Weindling, "The Sonderweg of German Eugenics: Nationalism and Scientific Internationalism," *British Journal for the History of Science* 22, no. 3 (1989).

The involvement of political activists, decision makers, and welfare bureaucrats further complicates the picture, as does the fact that intellectuals, philosophers, and writers also participated in the broad public debate about degeneration and the selective breeding of humans. Hence, eugenics could be examined as an emerging discipline, an interdisciplinary project, a political movement, a discourse, or – preferably – as a complex conjunction of all.

This problem is equally pertinent when examining the history of psychiatry in the twentieth century and of psychiatry beyond the asylum in particular. The first third of the century saw the simultaneous emergence and professionalization of a number of related psycho-disciplines with similar and overlapping claims for explaining the workings of the human mind, and for understanding, diagnosing, and treating mental illness. “Applied psychology” and *Psychotechnik* promised to put to use the findings of experimental psychology. Various approaches for the treatment of psychic disorders by means of psychic methods gathered around the label of psychotherapy. And the most successful of these, Freudian psychoanalysis, established itself as an autonomous discipline, developed an elaborate social and cultural theory, and quickly became one of the most influential intellectual movements of the twentieth century, while at the same time spawning dissident schools like Adlerian “individual psychology” and Jungian “analytic psychology.” The issue of the human psyche attracted a confusing multitude of different disciplines and actors, who interacted with each other in different ways, ranging from cooperation, mutual or unilateral influence, and overlaps on the one hand, to open competition, ignorance, enmity, and fierce demarcation disputes on the other. To make things even more complicated, none of these disciplines can be considered as a black box. Psychiatry, for example, was anything but monolithic. Apart from being members of various schools and local traditions, different psychiatrists simply worked under different circumstances, some conducting cutting-edge research in well-equipped urban university clinics, while others administered run-down and over-crowded asylums in the countryside.⁵⁵

⁵⁵ Note, for example, the notion of “psychiatry in multiplicity” as introduced by Joost Visselaar, “‘A Hole in the Armour of Dementia Praecox’: Somatic Cures within a Context of Psychiatry in Multiplicity: The Netherlands 1920-1950,” in *Heroische Therapien: Die deutsche Psychiatrie im internationalen Vergleich 1918-1945*, ed. Hans-Walter Schmuhl and Volker Roelcke (Göttingen: Wallstein, 2013). See also Volker Roelcke, “Continuities or Ruptures? Concepts, Institutions and Contexts of Twentieth-Century German Psychiatry and Mental Health Care,” in *Psychiatric Cultures Compared: Psychiatry and Mental Health Care in the Twentieth Century: Comparisons and Approaches*, ed. Marijke Gijswijt-Hofstra, et al. (Amsterdam: Amsterdam University Press, 2005).

Although this study focuses on psychiatry and psychiatrists, the example of psychoanalysis may serve to illustrate concisely how the complicated relation between different approaches and disciplines in the broader field of the psy-disciplines reappears in every single chapter. On a general level, psychoanalysts also shared the idea that concepts of mental illness and psychopathology could help to understand and change society. The eminent psychoanalysts Otto Fenichel, Siegfried Bernfeld, and Paul Federn, among many others, extensively discussed the social implications of their discipline. Moreover, and more specifically, when right-wing psychiatrists diagnosed the revolution and the revolutionaries in 1918/19, psychoanalysts and Adlerian individual psychologists did the same, from a moderate left-wing angle. Erwin Stransky's applied psychiatry emerged and developed in interwar Vienna both in cooperation with local psychoanalysts and in a fierce competition with them. In the German-speaking countries, the mental hygiene movement was predominantly a project by reform-minded psychiatrists with little interest in psychoanalysis, but in the United States, it strongly relied on its own specific reading of Freud to legitimize its ideology of adaption. At the same time, Paul Federn and Heinrich Meng tried to popularize psychoanalysis, advertising its potential for every-day prophylaxis and mental hygiene.⁵⁶ While psychoanalysis remained separate from the mental hygiene movement in Germany, it became an integral part of more encompassing notion of mental hygiene in Switzerland.

As these admittedly somewhat sketchy examples show, a study focusing on psychiatry cannot ignore the permeability of its boundaries and the influence of neighboring disciplines. A broader perspective is needed, capable of describing the assemblage of disciplines, discourses, and techniques that began to clutter around the issue of the human mind from the eighteenth century onwards. British sociologist Nikolas Rose's notion of the "psychological complex," introduced in a 1985 book of the same name, points into the right direction, describing the emerging science of psychology as "a complex of discourses, practices, agents and techniques" deployed in a variety of different social and institutional settings.⁵⁷ Rose's approach may help to understand these disciplines not as monolithic, but as far more multi-layered and complex. More recently, other terms have gained currency in different fields of historiography. Neologism like the "psy-

⁵⁶ Paul Federn and Heinrich Meng, eds., *Das psychoanalytische Volksbuch*, Bücher des Werdenden, Vol. II (Stuttgart: Hippokrates, 1926).

⁵⁷ Nikolas Rose, *The Psychological Complex: Psychology, Politics, and Society in England, 1869-1939* (London and Boston: Routledge & Kegan Paul, 1985), 9.

ences” or the “psy-disciplines” have been used to speak about psychiatry, psychology, psychoanalysis, psychotherapy, neurology, and other disciplines as different parts of a large array of sciences gathered around the topic of the human psyche. These concepts seem both catchy and useful, and may help to elucidate the complex relations of the numerous scientific disciplines in this field. As used now, however, they are still descriptive rather than analytical.

In 2012, historians Maik Tändler and Uffa Jensen introduced another concept, based less on the psy-disciplines themselves, than on the knowledge that was and is produced and circulated in and around them.⁵⁸ As Tändler and Jensen rightly argue, the circulation of “psycho-knowledge” (*Psychowissen*) in the twentieth century was not limited to the academic disciplines of psychiatry and psychology and to non-academic psychoanalysis, but had a far greater range. Broadly defined, their concept of psycho-knowledge encompasses “all kinds of knowledge providing secular descriptions and explanations of the ‘mental apparatus’ of individuals, of their ‘inner life’ and the determining factors in their behavior,” and explicitly transcends the boundaries between “scientific” and “popular” knowledge. This definition allows for a research agenda that does not focus on institutionalized disciplines, but on “the complex interweaving and interaction between knowledge, science, and the non-scientific public, and on the societal and individual appropriation and utilization of psychological knowledge.”⁵⁹ Whereas the concept of the psy-disciplines challenges the boundaries between the various scientific disciplines in the field, Tändler and Jensen’s research program goes one step further by showing how psycho-knowledge was able to move not only between different disciplines, but also between scientific and non-scientific publics. This very broad research agenda can certainly help to reframe old questions and to pose new ones. Moreover, as Tändler and Jensen point out, it can also connect the history of the psy-disciplines to other fields of inquiry, and in particular to a “cultural history of politics.”⁶⁰

⁵⁸ Tändler and Jensen, “Psychowissen, Politik und Selbst.”

⁵⁹ Ibid., 10.

⁶⁰ Ibid., 14. On the cultural history of politics, see Thomas Mergel, “Kulturgeschichte der Politik,” in *Zeitgeschichte: Konzepte und Methoden*, ed. Frank Bösch and Jürgen Danyel (Göttingen: Vandenhoeck & Ruprecht, 2012); Wolfgang Hardtwig, ed. *Politische Kulturgeschichte der Zwischenkriegszeit 1918-1939* (Göttingen: Vandenhoeck & Ruprecht, 2005); Wolfgang Hardtwig, ed. *Ordnungen in der Krise: Zur politischen Kulturgeschichte Deutschlands 1900-1933* (Munich: R. Oldenbourg, 2007); Ute Frevert and Heinz-Gerhard Haupt, eds., *Neue Politikgeschichte: Perspektiven einer historischen Politikforschung* (Frankfurt am Main and New York: Campus, 2005).

PERSPECTIVES ON PSYCHIATRY, SOCIETY, AND POLITICS

Psychiatrists' attempts to diagnose and treat society can also shed light on the political history of the interwar period. This is not only the case because psychiatrists directly discussed and diagnosed events that were undoubtedly political and the usual topics of a traditional history of politics – as the First World War or the 1918/19 German revolution – or because some of their approaches were supported and implemented by the state. It is also the case because the programs discussed in this study – despite frequent appeals to a nonpolitical, nonpartisan, and objective stance – were evidently political. By framing political and social phenomena as medical in nature, their protagonists followed and radicalized Rudolf Virchow's 1848 dictum that "politics are medicine on a large scale."⁶¹ Their writings amalgamated political and medical concepts and rhetoric; they blurred and redrew the boundaries between science and politics.

NON-POLITICAL POLITICS, SCIENCE, AND SOCIETY

One of the most important insights of recent research in the cultural history of politics is that declaring oneself nonpolitical in fact could be highly political. Thomas Mann's "observations of a nonpolitical man" (*Betrachtungen eines Unpolitischen*), penned during the war and published in 1918, are certainly a case in point, and, notably, rank among the most important testimonials of German conservative thought in the twentieth century.⁶² More importantly, being emphatically nonpolitical was not only a way for conservative novelists to come to terms with current events and older brothers, but also a key element for the self-understanding of scientists and engineers since the nineteenth century.

While stressing their nonpolitical stance, members of these professions did not relinquish their say about how society should be organized and administered. On the contrary, a nonpartisan and objective scientific and technological rationality appeared as an actual alternative to the

⁶¹ Rudolf Virchow, "Der Armenarzt," *Die medicinische Reform*, no. 18 (1848): 125. See also Constantin Goshler, "Wahrheit zwischen Sezierraum und Parlament: Rudolf Virchow und der kulturelle Deutungsanspruch der Naturwissenschaften," *Geschichte und Gesellschaft* 30, no. 2 (2004); Tobias Weidner, *Die unpolitische Profession: Deutsche Mediziner im langen 19. Jahrhundert* (Frankfurt am Main: Campus, 2012), 112-29.

⁶² Thomas Mann, *Betrachtungen eines Unpolitischen* (Berlin: S. Fischer, 1918). See also Willibald Steinmetz and Heinz-Gerhard Haupt, "The Political as Communicative Space in History: The Bielefeld Approach," in *Writing Political History Today*, ed. Willibald Steinmetz, Ingrid Gilcher-Holtey, and Heinz-Gerhard Haupt (Frankfurt am Main and New York: Campus, 2013), 25-26.

alleged myopia, emotionality, and self-interestedness of party politics.⁶³ While utopian imaginations about large-scale scientific and technological solutions for social problems already gained momentum early in the nineteenth century, the years between the two world wars became the heyday of utopian ideas of “social engineering” and saw the rise and fall of “technocracy” – a notion introduced in 1919 – as an organized movement. The belief that society had to be reshaped and its problems rationally solved, objectively and by technoscientific means united experts from different disciplines behind an idea of anti-political politics. As an influential “background ideology,” technocratic ideas could cut across the boundaries between established political camps, and across the boundaries of a traditional definition of politics as well.⁶⁴

When it came to “nonpolitical politics,” medicine did not stand apart.⁶⁵ Throughout the nineteenth century, physicians had forcibly distanced themselves from politics and insisted on the nonpartisanship and autonomy of their discipline. Towards the end of the century, this emphatic rejection and denigration of anything political increasingly accompanied calls for an appropriation of political responsibilities by medical experts. As historian Tobias Weidner has recently argued, these two strands of the medical discourse on politics two sides of the same coin, as the medical repudiation of politics became the lynchpin of an anti-political agenda that rejected traditional party politics in favor of scientocratic ideas.⁶⁶

Weidner’s 2012 study on the “nonpolitical profession” – an almost literal application of the research agenda of “new political history” – discusses German physicians’ conflicted relation to politics from the time of the French revolution to the immediate aftermath of the First World

⁶³ For an in-depth discussion of the underlying concept of objectivity, see Lorraine Daston and Peter Galison, *Objectivity* (New York: Zone Books, 2010).

⁶⁴ Dirk van Laak, “Technokratie im Europa des 20. Jahrhunderts - eine einflussreiche Hintergrundideologie,” in *Theorien und Experimente der Moderne: Europas Gesellschaften im 20. Jahrhundert*, ed. Lutz Raphael (Cologne, Vienna and Weimar: Böhlau, 2012). See also Thomas Etzemüller, ed. *Die Ordnung der Moderne: Social Engineering im 20. Jahrhundert* (Bielefeld: transcript, 2009).

⁶⁵ van Laak, “Technokratie,” 124.

⁶⁶ Weidner, *Die unpolitische Profession*. On the social history of the medical profession and its relation to the emerging welfare state in the nineteenth century, see also Gabriele Moser, *Ärzte, Gesundheitswesen und Wohlfahrtsstaat: Zur Sozialgeschichte des ärztlichen Berufsstandes in Kaiserreich und Weimarer Republik* (Freiburg: Centaurus, 2011); Ute Frevert, *Krankheit als politisches Problem, 1770-1880: Soziale Unterschichten in Preußen zwischen medizinischer Polizei und staatlicher Sozialversicherung* (Göttingen: Vandenhoeck & Ruprecht, 1984); Claudia Huerkamp, *Der Aufstieg der Ärzte im 19. Jahrhundert: Vom gelehrten Stand zum professionellen Experten: Das Beispiel Preußens* (Göttingen: Vandenhoeck & Ruprecht, 1985). On the conflation of medical and political semantics in the nineteenth century, see Kathrin Sander, *Organismus als Zellenstaat: Rudolf Virchows Körper-Staat-Metapher zwischen Medizin und Politik* (Freiburg: Centaurus, 2012).

War. Focusing on the semantic aspects of physicians' understanding of politics, it is an important contribution to the scholarship. As far as this study is concerned, it provides a valuable overview over the larger lines of physicians' understanding of their role in politics during a "long" nineteenth century that can help to understand how psychiatrists perceived the issue of politics in the interwar period, and offers a plausible terminology to describe the simultaneous rejection and appropriation of politics. There is also another similarity. While Weidner connects the history of medicine to a cultural history of politics, he is well aware that the mindset and discourse he describes were by no means exclusive to physicians; scientocratic and technocratic experts from fields beyond medicine shared analogous notions of "nonpolitical politics."

Weidner rightly points out that physicians' aspirations to partake in the solving of societal problems were part of a much broader process of a "scientization of the social" (*Verwissenschaftlichung des Sozialen*).⁶⁷ This concept was introduced in 1996 by historian Lutz Raphael to name the developments of the human sciences that accompanied Max Weber's much-quoted "disenchantment of the world."⁶⁸ In Raphael's words, scientization was one of the "basic processes" (*Basisprozesse*) of modernity, characterized by "the continuing presence of experts from the human sciences, their arguments and their findings, in administrations and corporations, in political parties and parliaments, and even in the everyday world of meaning (*Sinnwelt*) of social groups, classes, and milieus."⁶⁹ The scientization of the social describes a process that was, and remains, a formative part of modern worlds – be they of the classical, high, post-, or fluid kind.⁷⁰ Raphael's concept, however, is too generalizing. As the numerous examples in his programmatic article show, the process of scientization left almost no facet of modern life untouched and little escapes the notion of "the social" in particular. In fact, a

⁶⁷ Weidner, *Die unpolitische Profession*, 16, 28.

⁶⁸ Lutz Raphael, "Die Verwissenschaftlichung des Sozialen als methodische und konzeptionelle Herausforderung für eine Sozialgeschichte des 20. Jahrhunderts," *Geschichte und Gesellschaft* 22, no. 2 (1996). For precursors of Raphael's approach outside historiography, see Jürgen Habermas, "Verwissenschaftlichte Politik und öffentliche Meinung," in *Technik und Wissenschaft als Ideologie* (Frankfurt am Main: Suhrkamp, 1974); Peter Weingart, "Verwissenschaftlichung der Politik - Politisierung der Wissenschaft," *Zeitschrift für Soziologie* 12, no. 3 (1983). For one of the surprisingly few attempts to apply the concept directly to the history of psychiatry, see Volker Roelcke, "Rivalisierende 'Verwissenschaftlichungen des Sozialen:' Psychiatrie, Psychologie und Psychotherapie im 20. Jahrhundert," in *Wissenschaften im 20. Jahrhundert: Universitäten in der modernen Wissensgesellschaft*, ed. Jürgen Reulecke and Volker Roelcke (Stuttgart: Franz Steiner, 2008).

⁶⁹ Raphael, "Die Verwissenschaftlichung des Sozialen," 166.

⁷⁰ Note the use of the plural form of modernity, S. N. Eisenstadt, "Multiple Modernities," *Daedalus* 129, no. 1 (2000).

monographic study on the scientization of the social in the twentieth century would hardly be feasible. Instead, the concept has proven its value in numerous case studies, where it has served as a framework to relate different contemporaneous developments to each other and to understand their underlying dynamics.⁷¹

However, the scientization of the social was no linear development.⁷² With the concept – and *telos* – of scientization in mind, it is tempting to describe the history of modern societies as an undeviating development towards an ever-increasing role of the human sciences in all fields of society. In the case of the psy-disciplines, such a narrative would connect seamlessly to polemical warnings against the gradual colonization of society by psychiatrists, psychologists, and psychoanalysts and the emergence of a “therapeutic culture” or a “therapeutic state,” as Philip Rieff and Thomas Szasz, respectively, have claimed.⁷³ Tellingly, Lutz Raphael has recently used a similar terminology to describe the most recent configuration of the scientization of the social, beginning in the 1970s, as the “age of therapy.”⁷⁴ As for the case of modern Britain, the influential studies of Nikolas Rose have repeatedly advanced a very similar argument. Drawing on a Foucauldian notion of governmentality, his works on the psy-disciplines describe an increasing permeation of British society by psychological knowledge and institutions from the late nineteenth century onwards.⁷⁵

On first sight, the sources discussed in this study seem to support an analogous interpretation for the German-speaking countries. The historical actors themselves regularly and explicitly

⁷¹ Recently: Kerstin Brückweh et al., eds., *Engineering Society: The Role of the Human and Social Sciences in Modern Societies, 1880-1980* (London: Palgrave Macmillan, 2012); Joris Vandendriessche, Evert Peeters, and Kaat Wils, eds., *Scientists' Expertise as Performance: Between State and Society, 1860-1960* (London: Pickering & Chatto, 2015).

⁷² My argument here follows Mathew Thomson, "The Psychological Sciences and the Scientization and Engineering of Society in Twentieth-Century Britain," in *Engineering Society: The Role of the Human and Social Sciences in Modern Societies, 1880-1980*, ed. Kerstin Brückweh, et al. (London: Palgrave Macmillan, 2012), 141-44.

⁷³ Philip Rieff, *The Triumph of the Therapeutic* (New York: Harper & Row, 1966); Szasz, *The Therapeutic State*; James L. Nolan, *The Therapeutic State: Justifying Government at Century's End* (New York: New York University Press, 1998); Jonathan B. Imber, ed. *Therapeutic Culture: Triumph and Defeat* (New Brunswick and London: Transaction, 2004); Pascal Eitler et al., eds., *Das beratene Selbst: Zur Genealogie der Therapeutisierung in den "langen" Siebzigern* (Bielefeld: transcript, 2011). Recently: Timothy Aubry and Trysh Travis, eds., *Rethinking Therapeutic Culture* (Chicago: Chicago University Press, 2015).

⁷⁴ Lutz Raphael, "Embedding the Human and Social Sciences in Western Societies, 1880-1980: Reflections on Trends and Methods of Current Research," in *Engineering Society: The Role of the Human and Social Sciences in Modern Societies, 1880-1980*, ed. Kerstin Brückweh, et al. (London: Palgrave Macmillan, 2012), 53-54.

⁷⁵ Rose, *The Psychological Complex*; Nikolas Rose, *Inventing Our Selves: Psychology, Power, and Personhood* (Cambridge: Cambridge University Press, 1996). Recently: Nikolas Rose and Joelle M. Abi-Rached, *Neuro: The New Brain Sciences and the Management of the Mind* (Princeton and Oxford: Princeton University Press, 2013).

voiced the idea of expanding psychiatry's responsibilities into the social sphere: Erwin Stransky's applied psychiatry was nothing less than a call for a psychiatric expertocracy, and some of the prophylactic measures proposed by mental hygienists read like battle plans for a psychiatric invasion of society. Psychiatrists' hopes for the future were the fears of others. In 1919, simultaneously to the publication of the most radical psycho-political tracts, the main journal of the German anti-psychiatric movement – anticipating some of the rhetoric of its indirect successors in the 1960s – warned against a “psychiatric need for expansion” that would lead to a “psychiatrization” (*Verpsychiatisierung*) of German society.⁷⁶

However, aspirations and apprehensions are not to be confused with realities. The fact that none of the programs discussed in this study came even close to full implementation is a reminder that there are good reasons to be cautious about such a linear, and teleological, story. The influence of the human sciences on many fields of society did manifestly increase in the twentieth century, and the psy-disciplines had an important role to play in this process. Nevertheless, this development should neither be taken for granted, nor as automatic and unavoidable. What I propose instead is a more probing attitude. To avoid these pitfalls of teleology, an historical account should include the failures and contingencies, the competition between different disciplines, the unintended outcomes of attempts to extend the social range of human sciences and of experiments of social engineering, and also – to use a notion that is both political and psychological – the resistances that these projects met and provoked.

PSYCHO-POLITICS

The notion that the knowledge and the methods of the psy-disciplines can have a political function is not a recent one. In the nineteenth century already, scholars used concepts derived from psychiatry and psychology to describe socio-political dynamics as well cultural developments.⁷⁷ These approaches were, however, diagnostic rather than therapeutic. With the odd exception of the renegade psychoanalyst Otto Gross, few believed that the psy-disciplines had the ability and the authority to reshape society. It was during and immediately after the cataclysm of the First World War that the notion of a more active political role of the psy-

⁷⁶ "Psychiatrisches Ausbreitungsbedürfnis," 197.

⁷⁷ van Ginneken, *Crowds, Psychology and Politics*; Pick, *Faces of Degeneration*; Roelcke, *Krankheit und Kulturkritik*.

disciplines rapidly gained traction among professionals and the public. In a much-noticed article published in 1919, German psychiatrist Hugo Marx argued claimed “the Anglo-American psychologist” had won the war.⁷⁸ To save and rebuild the nation, psycho-knowledge and its application had to become an integral part of modern statecraft. This idea was limited neither by political divides, nor by divides inside the psy-disciplines. In 1918 already, psychoanalyst Sándor Ferenczi mocked the Soviet revolutionaries in Russia for their ignorance of psychology. Their problems to maintain and use their newly gained political power, he argued, were because in all their economic and political computations, they had just forgotten about the dynamics of the human soul.⁷⁹ The notion that the knowledge and the methods of the psy-disciplines could improve the present society or create a new and better one became one of the grand utopian narratives of the interwar period. It was the Russian avant-garde painter Kazimir Malevich who claimed that “the state is an apparatus by which the nervous systems of its inhabitants are regulated.”⁸⁰

These are only a few of many examples of the direct conflation of psychiatric and psychological concepts with politics in the years between the two world wars. The overall scope of this study is broader and encompasses other, subtler ways in which psychiatry tried to leave the asylum and the clinic, but the encounter and entanglement of psychiatric and political thought is also its recurring and central theme. To describe the peculiar double nature of these ideas and approaches that ranged into both fields and blurred their borders, I use the notion of “psychopolitics” and, more often, the adjective “psycho-political.” Although rarely used by scholars, this concept comes with a history of its own. Without going into the details of a comprehensive conceptual history of psychopolitics, I will use this section to lay out some its uses, and to clarify to which of them I refer and to which I do not.

As a combination of the ubiquitous prefix “psycho-” with “politics,” the notion of psychopolitics might perhaps be considered self-explanatory. However, as far as the German notion of *Psychopolitik* is concerned, it first appeared at a specific time and in a specific context in the

⁷⁸ Hugo Marx, "Aerztliche Gedanken zur Revolution," *Berliner klinische Wochenschrift* 12(1919): 279.

⁷⁹ Sándor Ferenczi, "Die Psychoanalyse der Kriegsneurosen," in *Zur Psychoanalyse der Kriegsneurosen: Diskussion gehalten auf dem V. Internationalen Psychoanalytischen Kongress in Budapest, 28. und 29. September 1918* (Leipzig and Vienna: Internationaler psychoanalytischer Verlag, 1919), 9-10.

⁸⁰ Quoted in Boris Groys, *The Total Art of Stalinism: Avant-garde, Aesthetic, Dictatorship, and Beyond*, trans. Charles Rougle (Princeton, NJ: Princeton University Press, 1992), 17.

second half of the 1920s. The term was elusive already then. It was independently introduced by two very different scholars, who each charged it with a very different meaning. These two historical notions of psycho-politics stake out the scope of this study, ranging from the direct application of psychiatric and psychological concepts to Politics (with a capital P) on the one hand, to ideas of large-scale prophylaxis and public health on the other. The history of the concept also shows that the basic idea of a fusion of a broadly defined psychology and an equally broadly defined politics appealed to thinkers on the left and right, but could entail very different ideas about how society should be.

When the jurist Heinrich Rogge (1886-1966) pondered the question of “psycho-politics and the problem of the leader” in 1925, it was a direct continuation of the psychiatric debates of the immediate post-war period.⁸¹ Rogge was interested in how the psychological dynamics of a collective “mass soul” influenced politics, and in particular how these dynamics unfolded in the relation between the masses and the leader. As he saw it, “politics and psychology are identical: both should be the science of the soul of the community.”⁸² This science, which he alternately called “psychological politics,” “political psychology,” or “psycho-politics,” was about more than describing and understanding these relations, it was also about reshaping politics: “The final and highest form of psycho-politics is that psychology [...] tackles the education and self-education of the political leaders.” With its longing for a new type of psychologically proficient leader, Rogge’s article was a typical expression of the political imaginary of its time,⁸³ and it also shows how ideas that had been formulated in psychological and psychiatric debates were appropriated by members of other disciplines. Moreover, Rogge’s notion of psycho-politics revolved around a recurring utopian theme of the contemporary debate about psycho-knowledge and politics: the idea that the knowledge of the human mind would create the possibility of overcoming the current social and political struggles through a rational and scientific form of politics.

⁸¹ Heinrich Rogge, “Psychopolitik und Führerproblem,” *Zeitschrift für Menschenkunde* 1(1925).

⁸² *Ibid.*, 23.

⁸³ Thomas Mergel, “Führer, Volksgemeinschaft und Maschine: Politische Erwartungsstrukturen in der Weimarer Republik und dem Nationalsozialismus 1918-1936,” in *Politische Kulturgeschichte der Zwischenkriegszeit 1918-1939*, ed. Wolfgang Hardtwig (Göttingen: Vandenhoeck & Ruprecht, 2005); Yves Cohen, *Le siècle des chefs: Une histoire transnationale du commandement et de l'autorité (1890-1940)* (Paris: Éditions Amsterdam, 2013).

The second time the notion of psycho-politics appeared in the interwar period was in a 1930 essay on “psychology and the labor movement” (*Psychologie und Arbeiterbewegung*) by the Austrian left-wing psychoanalyst and pedagogue Siegfried Bernfeld.⁸⁴ For Bernfeld the synthesis of psychology and politics meant the synthesis of Freudian and Marxian thought. One of the arguments in his essay was that the various disciplines concerned with mental disorders, namely psychiatry, psychotherapy, psychoanalysis, and neurology, had to acknowledge that many of these widespread ills were not just individual, but had societal causes. Bernfeld called for the psy-disciplines “considering the mass character of mental ills to search for methods that go beyond the therapeutic treatment of individuals and aim at overcoming the *mass problem*.” Other fields of medicine, Bernfeld (whose frame of reference was interwar “Red Vienna”) wrote, had already made this step from individual treatment to social reform and prophylaxis, but the psy-disciplines were lagging behind: “Health policy measures are placed over the prescription of drugs. Of such a development of psychology towards ‘psycho-politics,’ the first, vague rudiments are barely recognizable.”⁸⁵ Bernfeld ignored that at the same time the movement for mental hygiene proposed a similar transformation of psychiatry into a form of social medicine. However, what set apart Bernfeld’s notion of psychiatric prophylaxis as distinctly psycho-political was that for him, the notion of mental prophylaxis was part of a more general appropriation of psychology by the political left that would provide the labor movement with “a *new weapon* in its intellectual and economic class struggles.”⁸⁶

The concept of psycho-politics reappeared several times between 1930 and the present day. One particularly ambitious but futile attempt to introduce the concept to German debates was made by the philosopher Paul Feldkeller (1889-1972), who published a “dictionary of psycho-politics” (*Wörterbuch der Psychopolitik*) in 1967.⁸⁷ What Feldkeller, who claimed to have been the first to use the term in 1947, called psycho-politics was a new kind of politics, which would overcome the struggles of present-day politics through science and humanist ethics: “Thus, the term ‘psycho-politics’ means a psychologically-oriented politics that until now has not existed [...]. With these politics-made-science a cultural and moralizing moment is added to the non-

⁸⁴ Siegfried Bernfeld, “Die Psychologie in der Arbeiterbewegung,” in *Antiautoritäre Erziehung und Psychoanalyse: Ausgewählte Schriften*, ed. Lutz von Werder and Reinhart Wolff (Frankfurt am Main: März, 1970).

⁸⁵ Ibid., 503.

⁸⁶ Ibid., 506.

⁸⁷ Paul Feldkeller, *Wörterbuch der Psychopolitik* (Berne and Munich: A. Francke, 1967).

scientific and non-moral scuffle (since the days of Younger Stone Age).”⁸⁸ Feldkeller’s psycho-politics were an eclectic and vaguely defined project drawing on many different sources.⁸⁹ Despite the evident differences, there was one common feature in the psycho-politics of Heinrich Rogge, Siegfried Bernfeld, and Paul Feldkeller. For all three scholars, psycho-politics still had to be realized, and when realized would change the world for the better. In one way or another, the fusion of psychology and politics held positive, and even utopian potentials.

This is where the direction of the debate would change in the next decades. After the totalitarian experiences of the Second World War and against the backdrop of Cold War paranoia, psycho-politics turned from utopia to dystopia. The connection of psychology and politics became increasingly associated with propaganda and manipulation, with “brain-washing” and “psychological warfare.” In 1967, Paul Feldkeller emphasized that his psycho-politics had nothing to do with the political abuse of psychology for “the continuation of old wars and the preparation of new ones.”⁹⁰ Since then, however, the notion has mainly been used by scholars affiliated with anti-psychiatry, critical theory, and post-colonial studies, or combinations thereof, to describe and criticize both the political instrumentalization of psycho-knowledge and the psychological dynamics of political power relations.⁹¹ Implicitly rather than explicitly, most of these studies have been influenced by the works of Michel Foucault; not only in their view on the psy-disciplines as agents of social normalization and control, but also by alluding to the Foucauldian notion of “bio-politics.”

The most recent, and hitherto most successful, use of the notion of psycho-politics builds directly on this allusion to Foucauldian bio-politics. In his best-selling 2014 essay *Psychopolitik*, the German philosopher Byung-Chul Han uses the notion of psycho-politics to criticize what he sees as a particularly subtle and perfidious form of power in present-day, “neo-

⁸⁸ Ibid., 1.

⁸⁹ Ibid., 106-10.

⁹⁰ Ibid., 107.

⁹¹ Peter Sedgwick, *Psychopolitics: Laing, Foucault, Goffman, Szasz, and the Future of Mass Psychiatry* (New York: Harper & Row, 1982); Vicky Lebeau, "Psychopolitics: Frantz Fanon's Black Skin, White Masks," in *Psychopolitics and Cultural Desires*, ed. Jan Campbell and Janet Harbord (London and Bristol, Pa.: UCL Press, 1998); Derek Hook, "Frantz Fanon, Steve Biko, 'Psychopolitics' and Critical Psychology," in *Critical Psychology*, ed. Derek Hook (Lansdowne: UCT Press, 2004); James E. Block, "The Radical Present: The Psychopolitics of Transformation in Marcuse," in *No Social Science without Critical Theory*, ed. Harry F. Dahms (Bingley: JAI, 2008); Mills, *Decolonizing Global Mental Health*.

liberal” society.⁹² Foucault’s notion of bio-politics, Han claims, was limited to the external disciplining of bodies and populations. It can describe the governmental rationale of earlier societies, but is “inadequate for the neo-liberal regime, which mainly exploits the *psyche*.”⁹³ To describe the neo-liberal techniques for the exploitation and deformation of the mind, Han proposes the notion of psycho-politics. Like all earlier uses of the concept, Han’s psycho-politics are a strikingly accurate indicator for the intellectual trends of their time. His essay, however, tells less about the actual challenges of neo-liberalism, and more about the pitfalls of a specific sort of its critique. The underlying a-historical notion of neo-liberalism is as homogenizing as it is totalizing, and becomes a catch-all phrase for all the real and imagined discontents of the early twenty-first century. Like in a conspiracy theory without conspirators, Han attributes neo-liberalism with an actor’s agency and intentionality that seems almost consciously intent on destroying anything good and authentic left in the world. Cultural conservatism now comes in the guise of progressive thinking.

These different uses of a notion of psycho-politics can serve as a point of departure for thinking about a concept better attuned to historical analysis. As I want to argue, to operationalize the historical material, at least two problems should be avoided. First and most obviously, one has to avoid a normative understanding of psycho-politics. All of the different uses of the term mentioned above have one thing in common. Regardless of whether psycho-politics were imagined as utopian or dystopian, the notion was used to make normative claims about the relation between the psy-disciplines, psycho-knowledge, and politics. A historical notion, by contrast, will have to describe the specific constellation between these in a given historical context. The normative dimension is of course not absent from this perspective, but it is the historical actors themselves who fill it with content.

Second, while the allusion to Foucauldian bio-politics is certainly tempting and may help to situate psycho-politics in a broader historiographical and conceptual framework, one should not overrate the linkage. One reason is that the notion of bio-politics was already very broad and somewhat elusive when introduced by Michel Foucault in his lectures in the mid-1970s. Since then, and in the last decade in particular, the concept has proliferated and the inflationary use

⁹² Byung-Chul Han, *Psychopolitik: Neoliberalismus und die neuen Machttechniken* (Frankfurt am Main: S. Fischer, 2014).

⁹³ *Ibid.*, 35.

has added to the confusion, so that bio-politics today can describe almost any kind of public health or population policy.⁹⁴ Introducing a notion of psycho-politics with an equivalent range does not seem to be necessary. Moreover, when doing so, as Byung-Chul Han has done, one risks reproducing a questionable body-mind dualism by implying that bio-politics target only bodies, whereas psycho-politics apply themselves to the mind.⁹⁵ This is not only a strangely simplistic and idealist conception of the body-mind relation, but in this study it would also mean ignoring the historical actors' own understanding of this relation. What I propose instead is to define the notion of psycho-politics not only by its assumed target, but also by the disciplines and the bodies of knowledge that were involved. Psycho-politics can then be used to describe bio-political public health interventions conducted by members of the psy-disciplines or in the name of mental health care. Psychiatric eugenics or campaigns against alcoholism, for example, were driven by psychiatrists; a clear-cut distinction between mind and body, however, does not help to explain them, quite the contrary. This definition would also be able to accommodate Siegfried Bernfeld's notion of psycho-politics as the psy-discipline's prospective form of social medicine, and it covers the greater part of the agenda of the movement for mental hygiene.

To complicate things further, some of the historical uses of the notion of psycho-politics, as well as many of the writings, programs, and ideas discussed in this study evade a definition directly derived from bio-politics. To some extent, this is a matter of translation. The Foucauldian notion of bio-politics is concerned with governmental techniques and practices that are situated on the level of policy, rather than politics – a distinction that the original French notion *biopolitique* does not convey. But not everything that happened at the intersection of the psy-disciplines and politics was situated on this level. Moreover, even those programs, schemes, and utopian ideas that could most accurately be described in terms of large-scale public health policies emerged in the messier, local contexts of every-day politics. Insofar, the cultural history of politics can provide a notion of politics that is far more useful for the analytic needs of this study than the Foucauldian approach. Instead of relying on a preconceived definition, scholars in the field have historicized the notion of politics itself, and have argued for a “dynamic and constructivist understanding of the political” that problematizes the historical use of the concept

⁹⁴ For a recent attempt to define the notion more clearly, see Thomas Lemke, *Biopolitics: An Advanced Introduction*, trans. Eric Frederick Trump (New York and London: New York University Press, 2011).

⁹⁵ Han, *Psychopolitik*, 35. Han's juxtaposition of bio- and psycho-politics alludes to French philosopher Bernard Stiegler's distinction between *biopouvoir* and *psychopouvoir*, see Bernard Stiegler, *Prendre soin: De la jeunesse et des générations* (Paris: Flammarion, 2008).

itself. In this perspective, the boundaries between what is political and what is not, and between the political, the public, and the private are constantly redrawn and renegotiated.⁹⁶ When the “politics” in psycho-politics are understood in this historical and multi-layered perspective, the concept and the perspective move closer to the actual motivation and self-understanding of the historical actors. This notion of psycho-politics, which moves more freely between the micro and macro dimensions of the mutual interactions between the psy-disciplines and politics runs through this study as a common thread. In all three case studies and in all six chapters, from the diagnoses of the nation in the wake of defeat and revolution, to applied psychiatry and mental hygiene, the psychiatrists who conceived, wrote, and organized these programs shared the same idea: that they, as professionals concerned with the pathologies of the human mind, had the knowledge, the authority, and the responsibility to change society for the better. And in one way or another, these doctors and their ideas all became deeply entangled in the political history of their period.

⁹⁶ Ute Frevert, "Neue Politikgeschichte: Konzepte und Herausforderungen," in *Neue Politikgeschichte: Perspektiven einer historischen Politikforschung*, ed. Ute Frevert and Heinz-Gerhard Haupt (Frankfurt am Main and New York: Campus, 2005), 26. See also Volker Sellin, "Politik," in *Geschichtliche Grundbegriffe: Historisches Lexikon zur politisch-sozialen Sprache in Deutschland*, Vol. 4, ed. Otto Brunner, Eckart Conze, and Reinhart Koselleck (Stuttgart: Ernst Klett, 1978). Recently: Ulrich Meier, Martin Papenheim, and Willibald Steinmetz, *Semantiken des Politischen: Vom Mittelalter bis ins 20. Jahrhundert* (Göttingen: Wallstein, 2012).

CHAPTER I – DIAGNOSING THE REVOLUTION¹

INTRODUCTION

When some of the leading psychoanalysts gathered in Budapest in September 1918 to discuss the implications of the First World War for the Freudian school, Sándor Ferenczi (1873-1933) opened the meeting with a curious anecdote.² As Ferenczi claimed, a fellow Hungarian who witnessed the Bolshevik revolution had told him that in a small Russian town, the new revolutionary rulers had been faced with an unforeseen problem. According to their materialist conception of history, they held the power and should have been able to swiftly introduce a new social order. Yet, things were not going as smoothly as their doctrinaire computations had led them to believe. “Irresponsible elements, enemies of every new order,” slowly gained the upper hand, and the new authorities were gradually losing control. What had gone wrong? The leaders of the movement went into a huddle to find out what their mistake had been, and understood that in their economic and political considerations, they had overlooked one little thing. “This little thing was – emotional life, the people’s line of thought, in a word: the mind.” As soon as they had found out about the nature of the problem, they immediately send their emissaries to the German-speaking countries to gather books on psychology in order to acquire the knowledge that they had lacked. Ferenczi concluded: “Thousands of human lives have fallen victim to this forgetfulness of the revolutionaries, perhaps in vain, but the failure of their efforts has helped them to make a discovery: the discovery of the soul.”³

As this chapter shows, the German revolution in the months after the Budapest conference had a similar effect. This time, it was not the revolutionaries, but their adversaries who discovered the political dimension of the soul. Shortly after the end of the revolution, numerous psychiatrists and laypeople published their psycho-diagnoses of what had happened, and tried to explain the behavior of the revolutionary actors as well the nation in general in terms of psychology and psychopathology.

¹ An earlier version of this chapter has been published as David Freis, “The Psychiatrist as the Leader of the Nation: Psycho-Political Expertise after the German Revolution 1918/19,” in *Scientists’ Expertise as Performance: Between State and Society, 1860-1960*, ed. Joris Vandendriessche, Evert Peeters, and Kaat Wils (London: Pickering & Chatto, 2015).

² Ferenczi, “Die Psychoanalyse der Kriegsneurosen.”

³ Ibid., 10.

The conflation of psychiatric and political concepts has to be understood in a broader historical perspective. On a very general level, the history of psychiatry and its diagnoses has always been a history of social and political norms, beliefs, and imaginations. This observation, now somewhat of a truism in the historiography of psychiatry, may appear especially obvious for writings in which the diagnostic tools of psychiatry were used to explain the condition of society and the allegedly psychopathological causes and effects of political events, rather than to understand individual pathologies. This idea could already be found both in the professional discourse of medicine and psychiatry as well as in political journalism from the early nineteenth century onwards. Historian of medicine Volker Roelcke has rightly pointed out that these writings have to be understood as a medium of a “bourgeois interpretation of the world and the self” and as a reaction to the crisis of bourgeois self-perception in the long nineteenth century.⁴ However, as I argue in this chapter, these psycho-political diagnoses should also be understood as a performance of scientific expertise in a socio-political context. In the immediate post-war period of the First World War, the diagnosis of social and political events as symptoms of psychopathological processes entailed psychiatrists’ claim for an extension of their medical expertise onto socio-political matters.

The psychiatric diagnoses of the revolution published in the aftermath of the First World War were no isolated incident. As other examples also show, in moments of political, social, and cultural turmoil, psychiatric diagnoses of contemporary events gained currency. In many cases, psychiatric arguments were not only used to decry moral decline and political chaos, but were directly targeted against specific political groups and ideas. German psychiatrists’ diagnoses of the “revolutionary psychopaths” in the aftermath of the 1918/19 revolution were certainly a particularly blatant example for the medical defamation of political adversaries. They were, however, not the only one, as can be illustrated with two very different cases in which revolutionary upheaval was diagnosed from a psychiatric perspective.

Shortly after the failure of the liberal 1848 revolutions in Germany, the defense of a doctor’s thesis in medicine caused a stir at the Frederick William University in Berlin.⁵ In his

⁴ Roelcke, *Krankheit und Kulturkritik*, 204-05.

⁵ Carl Gustav Carus, *Ueber Geistes-Epidemien der Menschheit* (Leipzig and Meissen: F. W. Goedsche'sche Buchhandlung, 1852), 55-56.

dissertation, the young physician Carl Theodor Groddeck (1826-1885) reported the discovery of a new mental illness that had taken hold of the nation – *morbus democraticus*, the “democratic illness.”⁶ Despite numerous references to Wilhelm Griesinger (1817-1868) and Karl Wilhelm Ideler (1795-1860), Groddeck’s dissertation lacked a well-defined vocabulary for the description of both individual and collective mental illness and, actually, much of his argument seems rather muddled. Due to the obvious confusion of medical and political categories, the *morbus democraticus* became a notorious example for the pitfalls of psychiatric diagnoses of political life, and even the most fervent advocates of psychiatry’s right to diagnose society and politics were eager to dissociate their own ideas from Groddeck’s.⁷

In a more recent example, in 1968 Germany, psychiatric vocabulary again became widely used in political debates. While conservative newspapers and tabloids routinely denounced members of the student movement as dangerous madmen, the diagnosis that actually led to the most acrimonious debate came from a very different direction. Like other protagonists of the Frankfurt school, the federal republic’s chief philosopher Jürgen Habermas (* 1929) had observed the student movement’s actionism and radicalism with growing disconcertment, and eventually published a sardonic opinion piece on the “pseudo-revolution and its children” (*Die Scheinrevolution und ihre Kinder*).⁸ In the ensuing political father-son conflict, Habermas’s paternalist tone upset many of the younger student activists, and so did the fact that his political interjection clearly tilted towards psychopathological diagnosis. Habermas’s short interjection was spiked with numerous concepts from clinical psychology. As he saw it, the student protests were driven by “those foibles of the intellectuals that in quiet times are part of their *déformations professionnelles*, but in more turbulent times, when they step out of the shadow realm of personal psychology and become political violence, really are a scandal.”⁹ To former student activist and social psychiatrist Klaus Dörner (* 1933), Habermas’s rhetoric was more than just a faint echo of earlier psychiatric defamations of left-wing revolutionaries – it was part of this very tradition. As he argued, Habermas’s diagnosis was just the latest episode in a history

⁶ Carl Theodor Groddeck, *Die demokratische Krankheit, eine neue Wahnsinnsform* (Naumburg: H. Sieling, 1850).

⁷ Karl Bonhoeffer, "Inwieweit sind politische, soziale und kulturelle Zustände einer psychopathologischen Betrachtung zugänglich?," *Klinische Wochenschrift* 2, no. 13 (1923): 598; Erwin Stransky, "Keine Bedenklichkeit der angewandten Psychiatrie," *Zeitschrift für die gesamte Neurologie und Psychiatrie* 69(1921): 330.

⁸ Jürgen Habermas, "Die Scheinrevolution und ihre Kinder," in *Die Linke antwortet Jürgen Habermas*, ed. Oskar Negt (Frankfurt am Main: Europäische Verlagsanstalt, 1968). For the history of a similar estrangement between the different generations of the German left in 1968, see also Tobias Freimüller, ed. *Psychoanalyse und Protest: Alexander Mitscherlich und die "Achtundsechziger"* (Göttingen: Wallstein, 2008).

⁹ Habermas, "Die Scheinrevolution und ihre Kinder," 13.

of the “psychiatric-clinical labelling of revolutionary movements” as old as bourgeois society, and thus modern psychiatry, itself.¹⁰ With this rather questionable continuity, Dörner not only assigned Habermas the part of the psychiatric mouthpiece of the reaction, but also drew a direct line between the Communards of 1871, the Spartacist revolutionaries of 1918/19 and the protesting students of 1968.

However, psychiatric diagnoses of politics were never as common and as fierce as in the years after 1918. The aftermath of the First World War saw an outright surge in the socio-political writings of psychiatrists in Germany and Austria. Shortly after the military defeat and the revolutionary upheaval, leading psychiatrists resorted to the concepts of their discipline to diagnose the current events as the work of anti-social “psychopaths” or as the result of a national nervous breakdown and collective hysteria. While intellectual and political elites after the First World War imagined the national body (*Volkskörper*) as a sick body, psychiatrists offered a psychological counterpart to this metaphor of the political body.¹¹ Many of the concepts used after 1918 had already been part of psychiatric and popular discourses in the nineteenth century, such as Cesare Lombroso’s figure of the “born criminal” or Gustave Le Bon’s ideas on crowd psychology, for example. But while these concepts had been the expression the diffuse fears of an educated bourgeoisie towards the anonymous masses, degeneration, and criminal “inferiors” in the late nineteenth century, they now seemed to offer an accurate scientific explanation for the very urgent socio-political crisis of the post-war period.

As was often the case in the cultural and political discourse of this time, pessimism and optimism were tightly connected to each other.¹² In a social and political situation in which many conservative psychiatrists saw the nation in a state of existential crisis older concepts were not only updated and politicized but were also used to legitimize demands for far-reaching socio-medical interventions in the service of the rescue and regeneration of the national collective. Diagnosing the political crisis as a medical situation, and with a profound belief in the ability of the modern sciences to shape society, psychiatrists claimed for themselves the role

¹⁰ Klaus Dörner, “Über den Gebrauch klinischer Begriffe in der politischen Diskussion,” in *Die Linke antwortet Jürgen Habermas*, ed. Oskar Negt (Frankfurt am Main: Europäische Verlagsanstalt, 1968), 60.

¹¹ Moritz Föllmer, “Der ‘kranke Volkskörper’: Industrielle, hohe Beamte und der Diskurs der nationalen Regeneration in der Weimarer Republik,” *Geschichte und Gesellschaft* 27, no. 1 (2001).

¹² Rüdiger Graf, “Optimismus und Pessimismus in der Krise: Der politisch-kulturelle Diskurs in der Weimarer Republik,” in *Ordnungen in der Krise: Zur politischen Kulturgeschichte Deutschlands 1900-1933*, ed. Wolfgang Hardtwig (München: Oldenbourg, 2007).

of socio-political experts.

This understanding of psychiatry was strongly shaped by the experience of the First World War. The treatment of the so-called “war neurotics” had not only seemed like a therapeutic breakthrough, promising to end psychiatry’s notorious inability to heal its patients and to usher an era of “heroic therapies.”¹³ The First World War also marked a new height in the prestige and political relevance of the discipline.¹⁴ With the technological, economic and military stalemate along the Western front, the mental health and resilience of the fighting troops and the nation were regarded as decisive strategic assets. It was field marshal Paul von Hindenburg who had famously stated in 1916 that “victory will go to him who has the best nerves.”¹⁵ After the defeat and the armistice, as well as against growing patient discontent and public protest against the often brutal methods of “active treatment” and the allocation of veteran pensions, psychiatrists’ claim for expertise may well be understood as an attempt to defend and extend the wartime gains of their profession in the time following demobilization.¹⁶

This “psychiatric need for expansion” – as an anonymous author in the “anti-psychiatric” journal *Die Irrenrechts-Reform* put it in 1919 – has to be examined in the context of broader developments in the interwar period.¹⁷ Psychiatrists’ alarmist diagnosis of a collective “nervous breakdown” and their warnings of an imminent collapse of German culture were also part of the ubiquitous discourse on the “crisis” of the Weimar republic and a general “dramatization of the political imaginary.”¹⁸ This alarmism mobilized and legitimized visions of national regeneration and a profound restructuring of society and politics through rational and scientific methods. The socio-medical interventions advocated by psychiatrists in the immediate post-war period, ranging from educational approaches to active eugenics, may well be understood as part

¹³ Schmuhl and Roelcke, “*Heroische Therapien:*” *Die deutsche Psychiatrie im internationalen Vergleich 1918-1945*.

¹⁴ Roelcke, “Die Entwicklung der Psychiatrie,” 119.

¹⁵ Quoted after Alexander Watson, *Enduring the Great War: Combat, Morale and Collapse in the German and British Armies, 1914-1918* (Cambridge: Cambridge University Press, 2009), 1.

¹⁶ Lerner, *Hysterical Men*, 209-14.

¹⁷ “Psychiatrisches Ausbreitungsbedürfnis.”

¹⁸ Moritz Föllmer, Rüdiger Graf, and Per Leo, “Die Kultur der Krise in der Weimarer Republik,” in *Die “Krise” der Weimarer Republik: Zur Kritik eines Deutungsmusters*, ed. Moritz Föllmer and Rüdiger Graf (Frankfurt am Main and New York: Campus, 2005); Wolfgang Hardtwig, “Einleitung: Politische Kulturgeschichte der Zwischenkriegszeit,” in *Politische Kulturgeschichte der Zwischenkriegszeit 1918-1939*, ed. Wolfgang Hardtwig (Göttingen: Vandenhoeck & Ruprecht, 2005), 8; see also John Horne, “Kulturelle Demobilmachung 1919-1939: Ein sinnvoller historischer Begriff?,” in *Politische Kulturgeschichte der Zwischenkriegszeit 1918-1939*, ed. Wolfgang Hardtwig (Göttingen: Vandenhoeck & Ruprecht, 2005).

of a developments that historians recently have been discussing under the label of “social engineering.”¹⁹ At the same time, psychiatrists’ aspirations for socio-political expertise also led the discipline into a contested field, in which experts from other disciplines had already successfully staked their claims in the ongoing process of a “scientification of the social.”²⁰ As will be discussed in more detail in chapter III, the Viennese psychiatrist Erwin Stransky was convinced that psychiatrists’ expert status had to be achieved not only against the anti-psychiatric bias of the “public opinion” but also against the established expertise of jurists.

The example of Stransky’s project of applied psychiatry also shows how the claim for psychiatry’s socio-political expertise could blur the lines between disciplines and created new fields of scientific inquiry. The Association for Applied Psychopathology and Psychology founded in Vienna shortly after the war became a site of interdisciplinary encounter *avant la lettre*. A first – and only – international conference in June 1930 brought together psychiatrists, psychologists, psychoanalysts, but also sociologists, jurists and even literary scholars, to discuss different aspects of modern life and society from the perspective of psychopathology.²¹

This chapter examines the socio-political writings of German and Austrian psychiatrists in the immediate aftermath of the First World War and the German Revolution of 1918/19. A first section focuses on the diagnosis of individual participants of the upheaval as “psychopaths,” examining how an already morally charged concept from the fields of forensic psychiatry and criminology became explicitly politicized in the wake of the revolution. A second section turns to the transfer of concepts of individual pathology to the national collective and shows how psychiatrists used the direct equation of clinical and political phenomena to cast themselves in the role of doctors of the nation. A third and concluding section will concisely discuss the further history of psychiatric expertise in the interwar period, and ask how and if the psychiatry as a discipline could actually capitalize on the psycho-political diagnoses of the revolution.

Throughout this chapter, the focus will be almost exclusively on the mainstream of German and

¹⁹ Thomas Etzemüller, “Social engineering als Verhaltenslehre des kühlen Kopfes: Eine einleitende Skizze,” in *Die Ordnung der Moderne: Social Engineering im 20. Jahrhundert*, ed. Thomas Etzemüller (Bielefeld: transcript, 2009).

²⁰ Raphael, “Die Verwissenschaftlichung des Sozialen.”

²¹ Hartmann, Pappenheim, and Stransky, *I. Internationale Tagung für angewandte Psychopathologie und Psychologie*.

Austrian psychiatry. The protagonists of this chapter were members of a conservative and educated bourgeoisie, the *Bildungsbürgertum*, who were united by their common rejection of the revolution and the new republican order as well as by their fierce nationalism. Although those psychiatrists who published explicit socio-political diagnoses after the armistice and the revolution were only a small minority inside the profession, it can be assumed that the views expressed in these writings were shared by the majority. This assumption is also corroborated by the fact that some of the psychiatrists who wrote about the psychopathology of political events were among the most prominent and renowned representatives of the discipline, such as the professors Robert Gaupp (1870-1953), Karl Bonhoeffer (1868-1848), and Emil Kraepelin (1856-1926). However, the main actors of this chapter were members of a younger generation of psychiatrists, like Eugen Kahn (1887-1973), then a member of Kraepelin's clinic in Munich, Erwin Stransky (1877-1962), associate professor of psychiatry in Vienna, and Arthur Kronfeld (1886-1941), then a member of Magnus Hirschfeld's Institute for Sexology (*Institut für Sexualwissenschaft*) in Berlin. In all three cases and despite all differences, their involvement in the debate on the psycho-political situation of the immediate post-war period was followed by a life-long interest in questions of psychopathology and society, psychopathy, psychotherapy, and mental hygiene.

THE REVOLUTIONARY PSYCHOPATHS

"It has long been known," psychiatrist Eugen Kahn argued in an article in the Munich medical weekly in August 1919, "that in times of turmoil, those prone to mentally disorders (*psychisch anfällige*) come forward, and after the experiences we psychiatrists have made during the war, it did not come as a surprise to us that in the latest upheaval such people have stood in the front."²² Kahn was not the only psychiatrist who had come to this conclusion. In the short period following the end of the war and the revolution, a number of articles in different professional journals made an almost identical claim, pointing out that "inferior" or "psychopathic" individuals had been a driving force of the recent upheaval.

As a member of Emil Kraepelin's German Research Institute for Psychiatry (*Deutsche Forschungsanstalt für Psychiatrie*, DFA, on which more in chapter IV) in Munich, Kahn had

²² Eugen Kahn, "Psychopathie und Revolution," *Münchener medizinische Wochenschrift* 66, no. 34 (1919): 986.

been in a particularly good position when it came to examining the psychopathological dimension of the revolution. Munich had been one of the centers of the German Revolution and, for a short time in the spring of 1919, the capital of a Bavarian Soviet Republic. After loyal troops of the German army and right-wing *Freikorps* militia had violently crushed the revolution in May 1919, many of the survivors were imprisoned and thus came to be the objects of forensic examination by local psychiatrists such as Kahn, Kraepelin, and Ernst Rüdin.²³

On 3 August 1919, Kahn presented his findings during the yearly conference of Bavarian psychiatrists. He emphasized the wider historical relevance of his topic by situating the revolutionaries of Munich in a longer line, reaching from Savonarola's Florence to the French Revolution and the Paris Commune into the present. At the same time, he also positioned himself as a scientific expert outside and above political struggles. To speak about recent events, Kahn argued, obviously held the danger of being caught up in the current political disputes. However, "the idea that the psychiatrist always has to be ready to provide his judgment impartially and to the best of his knowledge, can and must help us to get over these concerns."²⁴

Among those whom Kahn diagnosed in more detail were prominent leaders of the Munich Soviet, thinly disguised by the pseudonyms Otto Wasner (alias Kurt Eisner), Werner Leidig (Erich Mühsam) and Erwin Sinner (Ernst Toller).²⁵ The last two were possibly examined by Kahn himself shortly after the end of the Bavarian Soviet Republic. Kurt Eisner had been assassinated by the *völkisch* nationalist Anton Graf von Arco auf Valley on 21 February 1919 and Kahn's diagnosis of Eisner as a "fanatic psychopath" relied solely on newspaper reports and similar sources. Ernst Toller, 26 years old, former president of the short-lived Munich Soviet, and an eminent Expressionist playwright, had already been examined by Emil Kraepelin some months before the revolution, in the summer of 1918. He later remembered the situation in his 1933 autobiography *Eine Jugend in Deutschland* ("A Youth in Germany"), in which he described the famous professor as someone with the "pathos of a manic debater (*Versammlungsredner*)" who tried to convince him of the right-wing policy of the *Alldeutscher Verband*. Inverting the political tendency of the psychiatric diagnosis, Toller claimed in his

²³ Hanns Hippus et al., *Die Psychiatrische Klinik der Universität München 1904-2004* (Heidelberg: Springer, 2005), 90.

²⁴ Eugen Kahn, "Psychopathen als revolutionäre Führer," *Zeitschrift für die gesamte Neurologie und Psychiatrie* 52, no. 1 (1919): 90.

²⁵ Riedesser and Verderber, *Maschinengewehre hinter der Front*, 82-85.

memoir that what he had learned from his encounter with Kraepelin was “that there are two kinds of sick people, the harmless lying around in barred and clinic-less (*kliniklosen*) rooms are called insane, the more dangerous are those who prove that hunger educates the people and create associations for the subjugation of England, those may lock up the harmless.”²⁶

Although Kahn explicitly stated that he did not consider the revolution as such to be a pathological event and that not every revolutionary was necessarily “mentally inferior,” he had no doubt that “psychopaths” had played a most important role during the upheaval. Of the sixty-six revolutionary leaders who constituted his sample, “scarcely one could be seen as mentally intact overall” and all the fifteen cases on which he reported in detail were to be considered as model types of the “revolutionary psychopath.”²⁷ Yet, the concept of the “psychopath” was far from precisely defined and was mainly used as a description for a whole range of perceived “abnormalities” in the grey area between normality and full-blown mental illness. As Kahn defined the term for the non-psychiatrist readers of the Munich medical weekly:

Psychiatry describes as psychopaths personalities who are mentally not fully intact, who, although generally of sufficient or in many cases even of good intelligence, have deficits in their way of feeling and wanting; deficits, which do not let these personalities appear as mentally ill, but which lead them to make wrong life decisions often enough and to fail with them.²⁸

The normative dimension of the diagnosis of “psychopathy” becomes clearly visible in this quotation, since the decision of whether someone was to be considered a “psychopath” relied mostly on the assessment of his or her decisions in life in terms of right and successful or not. For conservative psychiatrists like Eugen Kahn and many others, joining a socialist revolution obviously was a wrong choice. But although the notion of “psychopathy” replaced the older, and equally broad concept of “mental inferiority” in the years following the First World War,

²⁶ Ernst Toller, *Eine Jugend in Deutschland* (Reinbek: Rowohlt, 1963), 78. Toller made no mention of an examination by Kahn after the revolution. When describing Kraepelin, he referred to the People’s Committee for the Prompt Subjugation of England (*Volksausschuss für die rasche Niederwerfung Englands*) of which Kraepelin was one of the founding members, see: Eric J. Engstrom, “Emil Kraepelin: Psychiatry and Public Affairs in Wilhelmine Germany,” *History of Psychiatry* 2, no. 6 (1991): 123-26; see also Emil Kraepelin, “Gutachten Ernst Toller,” in *Kraepelin in München, Teil II: 1914-1920*, ed. Wolfgang Burgmair, Eric J. Engstrom, and Matthias Weber (Munich: Belleville, 2009).

²⁷ Kahn, “Psychopathen als revolutionäre Führer,” 91.

²⁸ Kahn, “Psychopathie und Revolution,” 968.

it was hardly sufficient for an encompassing, scientific description of deviant behavior.²⁹ Consequently, to reach a more precise description of the perceived abnormalities, numerous, and at times rather arbitrary types of “psychopaths” were introduced.³⁰

This problem had already occupied psychiatrists and criminal biologists long before the war: One of the earliest and most influential attempts to categorize the “psychopathic personalities” can be found in the seventh edition of Emil Kraepelin’s textbook, published in 1903. Kraepelin devoted a full chapter to the four types of “psychopathic personalities,” including born criminals, unstable personalities (*Haltlose*), pathological liars, and querulous persons (*Pseudoquerulanten*).³¹ Until the publication of Kurt Schneider’s *Die psychopathischen Persönlichkeiten* in 1923, Kraepelin’s classification remained an important point of reference for all psychiatric thinking on mental abnormalities and deviant behavior, followed perhaps by Karl Birnbaum’s *Die psychopathischen Verbrecher* (“The psychopathic criminals,” 1914). In contrast to previous approaches, such as those by Julius Koch or Gustav Aschaffenburg, the classifications following Kraepelin excluded lack of intelligence and feeble-mindedness from their definitions, focusing on abnormalities in emotional life and volition.³²

In the case of the Munich revolutionaries, Eugen Kahn did not exactly follow the classification of Emil Kraepelin, but distinguished between four basic types of “psychopaths:” “ethically defective psychopaths,” “hysterical personalities,” “fanatic psychopaths,” and “manic depressives.”³³ What becomes apparent throughout Kahn’s detailed descriptions is that despite all attempts of conceptual differentiation the “psychopath” remained a vague category, and once the light of “psychopathy” fell on a person, every aspect of his or her physiognomy or life could easily be interpreted as a sign of abnormality. Against the background of wartime psychiatry and the growing criticism of its methods by patients and the public, it comes as no surprise that Kahn drew a direct line between the experiences of military psychiatrists and the revolution,

²⁹ Richard F. Wetzell, *Inventing the Criminal: A History of German Criminology, 1880-1945* (Chapel Hill and London: University of North Carolina Press, 2000), 145.

³⁰ To give just one example, the 1914 edition of Karl Birnbaum’s *Die psychopathischen Verbrecher* distinguished almost thirty different types of psychopathy, *ibid.*, 149.

³¹ Emil Kraepelin, *Psychiatrie: Ein Lehrbuch für Studierende und Ärzte*, vol. 2 (Leipzig: J. A. Barth, 1903), 815-41.

³² Wetzell, *Inventing the Criminal*, 146-53; see also Mariacarla Gadebusch Bondio, “From the Atavistic to the Inferior Criminal Type: The Impact of the Lombrosian Theory of the Born Criminal on German Psychiatry,” in *Criminals and Their Scientists: The History of Criminology in International Perspective*, ed. Peter Becker and Richard F. Wetzell (New York: Cambridge University Press, 2006).

³³ Kahn, “Psychopathen als revolutionäre Führer,” 92.

claiming that the “revolutionary psychopaths” belonged to the same group that had previously “filled the military hospitals as war neurotics of all kinds” and had kept the military courts busy “as elements that exceedingly threatened discipline.”³⁴

It is noteworthy that Eugen Kahn singled out the revolutionary leaders of Jewish origin in the statistical overview of his sample. But despite his conservative contempt for the revolution, Kahn did not elaborate on these numbers, which could easily have been used to support a right-wing anti-Semitic interpretation of the upheaval. Being Jewish himself, Kahn would have had at least some reason to refrain from such an interpretation. What is more, Volker Roelcke has recently argued that the rising anti-Semitism in Weimar Germany and the ensuing informal restriction of academic career opportunities may have been one of the reasons for Kahn to accept a position as a professor of psychiatry and mental hygiene at the Yale School of Medicine in 1928.³⁵ What could possibly be seen here is the influence of Kahn’s teacher, Emil Kraepelin, a fierce anti-Semite. Unlike Kahn, Kraepelin was quite explicit about the alleged Jewish influence in the revolution, claiming in 1919 that “the strong participation of the Jewish race in these upheavals” was not only due to their “frequent psychopathic disposition” but also to “their ability for undermining criticism, their verbal and theatrical capability as well as their tenaciousness and ambitiousness.”³⁶

A strikingly similar examination of a revolutionary “psychopath” could be found in an article by Kurt Hildebrandt, a doctor at the clinic of Dalldorf in the vicinity of Berlin. Like Kahn, Hildebrandt had been an expert witness in the trials after the end of the revolution. When presenting the results of the forensic examination of an anonymous painter who had participated in the Spartacist uprising in January 1919, Hildebrandt highlighted the scientific value of this publication and his own impartiality. First of all, “the psychopathic influence on the revolution and the following class struggles is so considerable that it cannot be ignored, regardless of the political orientation.” Furthermore, he claimed that “even for historiography the question of

³⁴ Kahn, “Psychopathie und Revolution,” 968.

³⁵ Volker Roelcke, “Psychiatry in Munich and Yale, ca. 1920-1935: Mutual Perceptions and Relations, and the Case of Eugen Kahn (1887-1973),” in *International Relations in Psychiatry: Britain, Germany, and the United States to World War II*, ed. Volker Roelcke, Paul Weindling, and Louise Westwood (Rochester: University of Rochester Press, 2010), 166.

³⁶ Emil Kraepelin, “Psychiatrische Randbemerkungen zur Zeitgeschichte,” *Süddeutsche Monatshefte* 16(1919): 179; see also A. Sack, *Die geistigen Typen der Juden und die Revolutionsbewegung* (Heidelberg: Wolff, 1920).

psychopathic influence in the revolution is not irrelevant.”³⁷

Hildebrandt argued that two different groups of “psychopaths” had played a particularly important role during the recent events, the first being the “enemies of society and barraters,” the second the “impostors and braggarts,” who, simply for want of being great men (*Großmannssucht*), had pushed themselves into leading positions. Initially, he identified the painter M. as a representative of the second group because he had not shown any interest in politics before the end of the war and his participation in the revolution had not brought him any material advantages. But the more Hildebrandt’s exhaustive account advanced, the less clear and the less important the differentiation of different categories of “psychopaths” became. “M. shows the typical and very clear appearance of a mentally inferior person, a ‘psychopath.’ All of his pathological symptoms could be satisfactorily and completely explained by ‘psychopathy,’” Hildebrandt diagnosed but also noted that M. did not only present the symptoms of one of the different types but of several of them. Without questioning the broader concept of “psychopathy,” Hildebrandt was quite explicit about the constructedness of the categories, arguing that “these types are not separate units of illness, but for practical reasons and with a certain arbitrariness are singled out from the larger group of psychopaths.”³⁸

Kahn and Hildebrandt are only two, albeit representative examples of a larger psychiatric discourse. In the immediate post-war period, the assumption that “psychopaths” had played an important, if not even decisive role in the upheaval, was a largely undisputed consensus. To give just a few more examples: “In the murky waves of upheaval,” psychiatrist Helenefriderike Stelzner from Berlin wrote in 1919, “psychopathic” individuals who previously had not been able to find a place in the “social body” (*Sozialkörper*) could easily be carried to positions of high responsibility. Like Kahn, she argued that this was no specificity of the current situation but a well-known fact from previous events like the French Revolution and the Paris Commune.³⁹ The publication of a “pathographic” article on Jean-Paul Marat in the Munich medical weekly in 1919 is to be seen in the context of this assumed historical continuity in the

³⁷ Kurt Hildebrandt, “Forensische Begutachtung eines Spartakisten,” *Allgemeine Zeitschrift für die Psychiatrie und psychisch-gerichtliche Medizin* 76(1919): 487.

³⁸ *Ibid.*, 507.

³⁹ Helenefriderike Stelzner, “Psychopathologisches in der Revolution,” *Zeitschrift für die gesamte Neurologie und Psychiatrie* 49(1919): 393-94.

relation of “psychopathy” and revolution.⁴⁰ For Emil Kraepelin, it was evident that during the revolution, the “psychopaths” had been the ones ruling Germany: “We ourselves have shudderingly seen what fruits the rule of the mentioned groups [i.e. the ‘psychopaths’] has yielded.”⁴¹ Likewise, a “historical-psychological study” on the revolution, published by one Hans Freimark in 1920, devoted two whole chapters to the role of the revolutionary masses and their pathological leaders.⁴² The example of Max Glass’s novel *Die entfesselte Menschheit* (“Mankind unleashed,” 1919) shows how this psychiatric perspective quickly became part of a right-wing conservative discourse on the revolution.⁴³

When applying the diagnosis of “psychopathy,” psychiatrists used the conceptual framework of forensic psychiatry and criminal biology, stressing the pathological causes of individual deviant behavior. In the cases of Kahn, Hildebrandt and Hans Brennecke, the examination of participants of the revolution took place in the context of criminal proceedings and thus at the contested interface of penal law and psychiatry as two institutions occupied with “abnormal” and deviant behavior.⁴⁴ The relevant legislation – § 51 of the German criminal code (*Strafgesetzbuch*, StGB) – clearly stated that no one could be punished for an action committed while in a state of “unconsciousness or pathological mental defect (*krankhafte Geistesstörung*), suspending his ability to make free choices (*freie Willensbestimmung*).” Yet, none of the psychiatrists writing on “revolutionary psychopaths” tried to use this argument to exculpate the subjects of their examination by diagnosing them as not responsible for their actions. Kahn, for example, had no doubts that all fifteen cases he discussed were “psychopaths” but yet none of them fell under the protection of § 51 StGB. Hildebrandt came to the same conclusion in the case of the Spartacist M., arguing that the diagnosis of “psychopathy” alone did not have any value for the question of criminal liability, since “a psychopath can be fully or limitedly responsible or not responsible at all.”⁴⁵

⁴⁰ Hermann Schelenz, “Jean Paul Marat,” *Münchener medizinische Wochenschrift* 66, no. 27 (1919).

⁴¹ Kraepelin, “Psychiatrische Randbemerkungen zur Zeitgeschichte,” 179.

⁴² Hans Freimark, *Die Revolution als psychische Massenerscheinung: Historisch-psychologische Studie* (Munich and Wiesbaden: J. F. Bergmann, 1920), 64-97.

⁴³ Andy Hahnemann, “Der Tod jagt durch die Straßen ...: Zur Psychopathologisierung der Revolution in Max Glass’ *Die entfesselte Menschheit* (1919),” in *Friede, Freiheit, Brot! Romane zur deutschen Novemberrevolution*, ed. Ullrich Kittstein and Regine Zeller (Amsterdam: Rodopi, 2009).

⁴⁴ Michel Foucault, *I, Pierre Rivière, Having Slaughtered my Mother, my Sister and my Brother...: A Case of Parricide in the 19th Century*, trans. Frank Jellinek (Lincoln: University of Nebraska Press, 1982); Esther Fischer-Homberger, *Medizin vor Gericht: Zur Sozialgeschichte der Gerichtsmedizin* (Darmstadt: Luchterhand, 1988).

⁴⁵ Hildebrandt, “Forensische Begutachtung eines Spartakisten,” 507.

More than by juridical motives, the use of the vague category of “psychopathy” was clearly driven by political intentions. Even when not used for political adversaries as Spartacist revolutionaries, but for “common criminals,” the concept of “psychopathy” was inherently political. Despite all attempts to introduce finely nuanced categories, and regardless of the replacement of the notion of “inferiors” by the more scientific-sounding “psychopaths” after the end of the war, the concept remained part of a morally charged “dispositive of normality.”⁴⁶ In the grey area between madness and normality, the concept of “psychopathy” allowed psychiatrists and criminal biologists to identify, construct and pathologize perceived threats against bourgeois society and morality.⁴⁷

In the tumultuous situation of the immediate post-war period, “psychopathy” offered the possibility to reframe perceived political threats as the object of medical and psychiatric expertise. Seeing the nation and the moral and political order of bourgeois society in peril and, at least in some cases, fearing for their own careers, positions and even lives, German psychiatrists eagerly used the propagandistic potentials of their diagnostic tools. As historian Paul Lerner has rightly stated, “Associating the recent political events with the actions of hysterics and psychopaths was one way in which doctors used their medical expertise and status to discredit the Revolution and critique the nascent Weimar system.”⁴⁸ Generally speaking, the diagnosis of “psychopathy” for political adversaries offered the possibility to delegitimize their political claims by ascribing their actions not to any rational response to the current political situation, but rather to egoism, lust for power, the need to stand out, or even to outright insanity. By shifting the analytical focus from the political to the clinical sphere, psychiatrists claimed for themselves the status of experts in a heated public debate.

Moreover, Lerner has rightly argued that this discourse must also be understood against the backdrop of military psychiatry during the war and as a reaction to the public attacks against the practitioners of “active treatment.” By equating the revolutionaries with their former patients, psychiatrists identified them as “enemies of society” and as the ones responsible for the military defeat as well as for the violence and turmoil of the post-war period. In doing so,

⁴⁶ Wetzell, *Inventing the Criminal*, 145; Urs Germann, *Psychiatrie und Straffjustiz: Entstehung, Praxis und Ausdifferenzierung der forensischen Psychiatrie in der deutschsprachigen Schweiz 1850-1950* (Zurich: Chronos, 2004), 470.

⁴⁷ Lerner, *Hysterical Men*, 210.

⁴⁸ *Ibid.*, 214.

they not only denied their patients the status of victims but depicted them as the true perpetrators.⁴⁹ When the “psychopaths” threatened society, German psychiatrists saw their duty not in the healing of the mentally ill but in defending society against them. Doris Kaufmann has claimed that this “labelling and marking out of a group of so-called inferiors for their ‘failure in the war’ has to be seen as highly significant for the scientific legitimation and acceptance of some practices of later national socialist population policy.”⁵⁰

Already in the pre-war period, German psychiatrists and criminal biologists had used the concept of “psychopathic inferiority” to engage in what Ian Hacking has influentially described as “making up people.”⁵¹ Merging various forms of deviant behavior and personal characteristics into one diagnostic label, they constructed the “psychopath” as a figure to which basically any problem of modern society and urban life could be attributed. With this in mind, the interpretation of the revolution as the work of an antisocial group of “psychopathic personalities” clearly appears as the logical consequence of a thread of psychiatric thinking about deviant behavior and its biological origins that can be traced back far into the nineteenth century. However, by using the concept of “psychopathy” to describe prominent socialists and communists, psychiatrists participated in a more general debate on the reasons of the defeat of 1918, the post-war turmoil and the emergence of a democratic order that was to be one of the characteristics of political life in Weimar Germany. Some parallels can be seen between this use of the concept of “psychopathy” as a means to scapegoat a group of individuals for the discontents of modern life and the prevalent anti-Semitism of Weimar society. When Kraepelin associated both groups – “psychopaths” and Jews – with each other, the links became apparent.

Identifying the revolutionaries as “psychopaths” was not only a form of right-wing polemics or a way to make sense of a situation that seemed to challenge many of the certainties of pre-war society. By depicting society as threatened by the “psychopaths,” psychiatrists eagerly positioned themselves in the first line of defense, claiming for themselves the status of socio-political experts. For psychiatrists Hans Brennecke, the observation that “psychopaths” had played an important role in the revolution directly led to the question of how to defend society:

⁴⁹ Ibid.

⁵⁰ Kaufmann, “Science as Cultural Practice: Psychiatry in the First World War and Weimar Germany,” 142.

⁵¹ Ian Hacking, “Making Up People,” in *Forms of Desire: Sexual Orientation and the Social Constructionist Controversy*, ed. Edward Stein (Routledge, 1992).

“How can we effectively protect the general public against the dangerous, anti- and asocial psychopathic personalities and mentally inferior? The answer to this question lies equally in criminal law and in practical psychiatry.”⁵² The measures proposed by Brennecke mainly consisted in the possibility to detain “psychopaths” not for juridical or medical reasons but for the protection of society. He also proposed to create specialized institutions for dangerous and criminal “psychopaths” under the direction of psychiatrists – an idea that had already been controversially discussed by psychiatrists, lawyers and criminologists in the decade before the war.⁵³ The establishment of specialized institutions for the custody and “socialization” of “psychopaths” was also advocated by Kahn.⁵⁴ Referring to the psychiatric debates on the reform of criminal law, which had gained new momentum after the end of the war, he highlighted the new importance of psychiatric expertise: “When during the rearrangement of things our laws undergo the long-planned reform, we will be there to participate and we will not forget what the revolution has told us about psychiatry.”⁵⁵ For Kahn, this new claim for social and political expertise also meant that psychiatry’s long-lasting process of professionalization was finally complete. Psychiatry, he reminded his fellow doctors in the Munich medical weekly, “is no longer the poor cousin among the medical disciplines.”⁵⁶

A NATIONAL NERVOUS BREAKDOWN

It was not only the actions of a group of anti-social “psychopaths” that worried many German and Austrian psychiatrists after November 1918. Surely, those had played a role in the upheaval, they argued, but was it not the nation itself that had gone mad? In a “medical emergency call” (*Ärztlicher Notruf*) published in late 1918, Robert Sommer, professor of psychiatry in Gießen (on whom more in chapter IV), warned that the German nation’s nervous system had suffered a serious shock.⁵⁷ With hunger and the economic and political crisis driving the German people

⁵² Hans Brennecke, “Zur Frage der Psychopathologie der Revolution und der Revolutionäre,” *Zeitschrift für Kinderforschung* 26, no. 5 (1921): 228.

⁵³ Ibid., 229-30; Silvana Galassi, *Kriminologie im Deutschen Kaiserreich: Geschichte einer gebrochenen Verwissenschaftlichung* (Stuttgart: F. Steiner, 2004), 397-400; Christian Müller, *Verbrechensbekämpfung im Anstaltsstaat: Psychiatrie, Kriminologie und Strafrechtsreform in Deutschland 1871-1933* (Göttingen: Vandenhoeck & Ruprecht, 2004), 126-49.

⁵⁴ Kahn, “Psychopathie und Revolution,” 969.

⁵⁵ Kahn, “Psychopathen als revolutionäre Führer,” 105.

⁵⁶ Kahn, “Psychopathie und Revolution,” 969. On German psychiatry as a “belated science” see Blasius, *Einfache Seelenstörung*, 117.

⁵⁷ Robert Sommer, *Ärztlicher Notruf zum Ende des Jahres 1918* (n.p.1918). On Robert Sommer, see also Volker Roelcke, “Prävention in Hygiene und Psychiatrie zu Beginn des 20. Jahrhunderts: Krankheit, Gesellschaft,

deeper and deeper into a “nervous epidemic” (*nervöse Massenkrankheit*), Sommer found the collapse of civilization to be imminent and expected mass suicides, upheaval, overall destruction and, ultimately the descent into Bolshevism.

In the months to follow, other psychiatrists, among them leading representatives of the discipline such as Emil Kraepelin, Robert Gaupp and, as late as 1923, Karl Bonhoeffer, joined in with Sommer’s diagnosis and discussed the current events as symptoms of a collective “nervous breakdown,” “mass suggestion,” collective neurasthenia, psychosis, and hysteria.⁵⁸ This use of psychiatric categories had been prepared by the rhetorical mobilization of both professional and general public discourses during the war. In 1915 already, Sigmund Freud had complained about his colleagues’ eagerness to diagnose the enemy nations as “inferior” or “degenerated.”⁵⁹ Three more years of war and a revolution did little to cool the minds. In 1919, notions like “madness” and other more specific diagnoses were ubiquitously used in public debates throughout all political camps, in the press and in the National Assembly. The “anti-psychiatric” journal *Irrenrechts-Reform* tried to intervene and clarified: “There is no such thing as political madness, no war psychosis and no revolutionary psychosis, no legal madness (*Rechtswahnsinn*), and also there is no mass madness.”⁶⁰

When diagnosing contemporary political events, psychiatrists not only proposed a straightforward and seemingly scientific interpretation to an unsettled and disoriented public (of which they were themselves a part) or legitimize a popular discourse with their professional authority. By projecting their medical categories from the individual patient to a collective “national soul” (*Volksseele*) and by discussing the social and political order in medical terms, psychiatrists extended their expertise to society and the nation as a whole, claiming a formative role in the protection of the nation’s collective health and the prevention of future “hysterical” endemics. Ultimately, this discourse not only added momentum to the bio-political project of eugenics, but also to the establishment and institutionalization of new fields of psychiatric research and practice, such as applied psychiatry and mental hygiene.

Vererbung und Eugenik bei Robert Sommer und Emil Gotschlich,” in *Die Medizinische Fakultät der Universität Gießen: Institutionen, Akteure und Ereignisse von der Gründung 1607 bis ins 20. Jahrhundert*, ed. Ulrike Enke (Stuttgart: F. Steiner, 2007).

⁵⁸ Bonhoeffer, “Politische, soziale und kulturelle Zustände”.

⁵⁹ Sigmund Freud, “Zeitgemähes über Krieg und Tod (1915),” in *Das Unbehagen in der Kultur und andere kulturtheoretische Schriften* (Frankfurt am Main: Fischer, 2007), 135.

⁶⁰ “Massenwahnsinn?,” *Die Irrenrechts-Reform* 63(1919).

The mental state of the collective had played an important role in the examinations of “psychopaths as revolutionary leaders.” While pathologizing individual protagonists of the revolution, the respective psychiatrists also elaborated on the relationship between the leaders and the crowds, using their diagnoses not only to delegitimize the political claims of the revolutionaries, but also to expound their conceptions of the right political and social order. Contrasting the “psychopathic” leaders of the revolution with the ideal of the “true leader,” they propagated a clear hierarchical order of the state – a model that suited not only conservatives’ wish for the restoration of monarchy or right-wing radicals’ hopes for a dictatorial corporative state, but also mirrored a more general preoccupation of Weimar political culture with the figure of the “leader.”⁶¹

Eugen Kahn elaborated on the psycho-political implications of his findings in some detail. To answer the question of how “psychopaths” came to play such important roles during the recent events, Kahn argued, one had to take into account “the psychology of the two components which, in quiet and in tumultuous times alike, incarnated the lives of the peoples: the psychologies of the leaders and those led, that is, the crowd.”⁶² Kahn’s understanding of collective psychology was clearly influenced by Gustave Le Bon’s popular concept of crowd psychology. A characteristic example of the anti-socialist and elitist positions of late-nineteenth-century French conservatives who saw the political and social order challenged by the emergence of an age of mass politics and the growing influence of the workers’ movement, Le Bon’s concept could easily be transferred and adapted from the French Third Republic to the situation in post-war Germany.

To Le Bon and Kahn alike, the crowd was an agglomerate of people in which the individual minds merged into a primitive collective soul (*Massenseele*).⁶³ Both saw the psychology of the crowd in a state of atavistic regression, which drastically reduced the intelligence of its members, but amplified all urges and emotions. Characterized by its “primitive affectivity,” Kahn found that “the crowd has no conscious will; dark, unconscious impulses (*Triebregungen*)

⁶¹ Mergel, “Führer, Volksgemeinschaft und Maschine: Politische Erwartungsstrukturen in der Weimarer Republik und dem Nationalsozialismus 1918-1936.”

⁶² Kahn, “Psychopathen als revolutionäre Führer,” 101.

⁶³ van Ginneken, *Crowds, Psychology and Politics*, 130-87.

pull its strings.” Consequently, the crowd was prone to all kinds of suggestive influence, and most of all to that of the leading figures it produced and recruited from its own ranks.⁶⁴ Apart from introducing the more seasonable notion of “psychopathy,” Kahn added only little to Le Bon, who had already stated in 1895 that the crowd’s leaders usually are “morbidly nervous, excitable, half-deranged persons who are bordering on madness.”⁶⁵ As “true sons of the crowd,” Kahn claimed, the “psychopaths” knew and understood the coarse emotions of the crowd, which they could thus expertly control and manipulate.⁶⁶

Kahn found the exact opposite of the “psychopathic” leaders of the revolutionary crowd in the “true leader,” a larger-than-life figure whose psyche he characterized by “his outstanding creative and critical intelligence, by his unbending, unflinching and pure will and by the total control of all emotions, by the balance of his mind.”⁶⁷ Unlike the “psychopath,” whose relation with the crowd was symbiotic, the “true leader” stood apart from and above the mass of the people, and only because of this total difference did they follow him, “in awe and love, or in hate and fear.”⁶⁸ For Kahn, Brennecke, Kraepelin, and others, the image of the crowd and its “collective soul” stood in for the mental state of the whole nation. It is here that the anti-democratic and elitist implications of the psychiatrists discourse on the revolution became most apparent. In the political imaginary of many conservative Germans in 1918/19, including Emil Kraepelin, the incarnation of the “true leader” was not the former German Emperor Wilhelm II, but rather Otto von Bismarck.⁶⁹ Hoping for the re-establishment of an authoritarian order, Kraepelin – representative for a great part of the conservative German *Bildungsbürgertum* – projected his ideals of leadership from Bismarck into the future: “Why should [the German people] not again be able to bring forth a man who can satisfy our longings?”⁷⁰

To be seen as a “true leader,” Wilhelm II had lost too much of his credibility and prestige through the military defeat of the German Army and his abdication and flight on 9 and 10

⁶⁴ Kahn, “Psychopathen als revolutionäre Führer,” 103.

⁶⁵ Gustave Le Bon, *La Psychologie des Foules* (Paris: Presses Universitaires de France, 1963), quoted after van Ginneken, *Crowds, Psychology and Politics*, 177.

⁶⁶ Kahn, “Psychopathen als revolutionäre Führer,” 104-05.

⁶⁷ Ibid., 101-02.

⁶⁸ Ibid., 103.

⁶⁹ See also Hardtwig, “Der Bismarck-Mythos: Gestalt und Funktionen zwischen politischer Öffentlichkeit und Wissenschaft.”

⁷⁰ Engstrom, “Psychiatry and Public Affairs,” 131-32.

November 1918.⁷¹ Instead, parallel to the discourse on the “revolutionary psychopaths,” Wilhelm II became the topic of a short, but heated psychiatric debate. In a number of newspaper articles, brochures and articles in professional journals, psychiatrists and laymen alike discussed the mental state of the former German emperor. Among others, renowned psychiatrists and neurologists like Auguste Forel and Adolf Friedländer diagnosed Wilhelm II as “an unbalanced, impulsive, mentally abnormal person.”⁷² This view was advanced by authors from very different political camps, ranging from Social Democrat pacifists to *völkisch* nationalists. Nonetheless, regardless of the political differences, all of them used the mental state of the *Kaiser* to discuss the same topic: the question of German guilt for the First World War. The *Kriegsschuldfrage* was one of the key topics of Weimar Germany’s political debates from 1918 onwards, and the diagnosis of Wilhelm II offered the chance to reframe this contested issue in the language of forensic psychiatry.⁷³ Declaring the former head of state to be mentally ill could be used to exculpate him and the Germans, but also to blame Wilhelm’s entourage instead.

Some of the psychiatrists who basically agreed with the idea that “psychopathic personalities” had played an important role in the revolution, found that this was an insufficient explanation for the recent events. Robert Gaupp, professor of psychiatry at the University of Tübingen, pointed out that from a medical perspective, it would be unjust to claim that “the instigation of the masses by radical demagogues was the *only* source of the nameless distress which threatens to swallow Germany.” Instead, the true question was why the “greatest part of our otherwise so thoughtful and thoroughgoing people has gotten into a state of mind in which it could fall prey to the influence of Russian agents and unscrupulous coffee house writers.”⁷⁴

The answer to this question, Gaupp argued, could be found in the collective mental state of both the German Army and the people. As a military doctor, Gaupp had been able to observe the gradual decline of the morale of the troops caused by trench warfare, inequity, conflicts between

⁷¹ Martin Kohlrausch, *Der Monarch im Skandal: Die Logik der Massenmedien und die Transformation der Wilhelminischen Monarchie* (Berlin: Akademie, 2005), 414-43.

⁷² Auguste Forel, "Verhängnisse. I. Bismarck und die Psychologie Wilhelms II," *Vorwärts* 35, no. 321 (1918). For a general overview see Sibylle Leider, "Widersprüche überall: Wilhelm II. in psychiatrischen Beurteilungen nach 1918," in *Der letzte Kaiser: Wilhelm II. im Exil*, ed. Hans Wilderotter and Klaus-D. Pohl (Gütersloh and Munich: Bertelsmann, 1991).

⁷³ Ulrich Heinemann, *Die verdrängte Niederlage: Politische Öffentlichkeit und Kriegsschuldfrage in der Weimarer Republik* (Göttingen: Vandenhoeck & Ruprecht, 1983).

⁷⁴ Robert Gaupp, "Der nervöse Zusammenbruch und die Revolution," *Blätter für Volksgesundheitspflege* 19, no. 5/6 (1919): 43.

officers and other ranks and, notably against the backdrop of Gaupp's far-right political views, also by "the obvious injustices against Jewish volunteers." While Gaupp had no illusions about the hopeless military situation in 1918 and did not claim that the German Army had remained undefeated, he made the declining morale of the troops responsible for preparing the ground for the "incendiary influences that, from 1917 onwards, increasingly came from home."⁷⁵ Already in July and August 1918, Gaupp claimed, he had seen the signs and forecast the coming revolution. Together with the hunger crisis at the home front, the deprivations and the suffering had brought about a mental state well-known from clinical psychiatry: A "neurasthenic" condition caused by fatigue and exhaustion and leading to "nervous weakness, emotional instability and rootless surrender to the excitement of the moment." Eventually "the suffering of the last years, the despair of the lost and costly war, the anger about the years of deception have robbed the quivering nervous psyche of a half-starved people from all interior restraints against the red flood sweeping over it."⁷⁶ As a conservative nationalist, Gaupp refused to believe that the revolution and the collapse of the Wilhelmine order had been brought about by the same national collective (*Volk*) that was at the center of his political thought. He projected the diagnostic categories of clinical psychiatry from the individual patient to the collective in order to exculpate the nation and hold interior and exterior, Russian, enemies responsible instead.

Having diagnosed the nation, Gaupp suggested a treatment. Like Robert Sommer, who in his "medical emergency call" had argued that it was first and foremost the hunger crisis that had driven the German people into "nervous depression" and "anarchistic political madness," Gaupp insisted that no recovery was possible without bread and economic and political security. Moreover, he wrote, it was the responsibility of the elites to sacrifice their money and their strength for the benefit of the nation as a whole to restore the people's faith "in its spiritual leaders, [...] the German men and women who by their formation and their education are entitled to win absolute authority and to impart the German culture to the whole of the people." Without this sacrifice, "Germany's culture will perish and all will sink into chaos."⁷⁷

However, Gaupp's visions of the future were far from limited to a restoration of the Wilhelmine

⁷⁵ Ibid.

⁷⁶ Ibid., 45.

⁷⁷ Ibid., 46.

elites. When addressing the medical students of Tübingen on 23 October 1919, he took the medicalization of the political situation to the next level: If political and social problems were caused by individual and collective medical conditions, the only one able to save the nation was the doctor. With a profound sense of mission, Gaupp exclaimed: "All call for the doctor, the strong-nerved leader (*den starknervigen Führer*) and the savior of a desperate people."⁷⁸ This vision of the physician as a political leader directly corresponded with Kahn's vision of the strong-minded "true leader."

In an existential medical and psychological crisis, the physicians had an important role to play because they were the ones who actually knew the people's soul. Propagating a novel and far-reaching expert status for his profession, Gaupp claimed the physicians' "right to be heard in all public questions."⁷⁹ To save the nation, they had to become the "educators of the people" and help its regeneration in many ways: By combatting infant mortality, by propagating marriage and temperance with alcohol and tobacco, by opposing abortion, by educating the people in terms of hygiene, cleanliness and the prevention of venereal diseases, and by calling for a land reform. Moreover, Gaupp not only invoked the importance of medical scientific expertise in all fields of social life but also demanded that physicians acquire charismatic leadership. In a time in which large parts of the population had lost their religious orientation, he saw the duty of the physicians, and of psychiatrists in particular, in becoming the spiritual leaders and advisors of the nation.⁸⁰

Thomas Mergel has accurately observed that the Weimar Republic's structures of political expectation (*politische Erwartungsstrukturen*) were characterized by a "constant, sometimes obsessive search for leaders," to the point of "a messianic search for 'Germany's savior,' who would lead the nation out of degradation and up to new glory" – a desire that was anything but limited to the political right.⁸¹ Even against this backdrop, it is striking how Gaupp constructed

⁷⁸ Gaupp, *Die zukünftige Stellung des Arztes im Volke*, 4. Gaupp also published a slightly revised version of this talk in a journal devoted to social hygiene, see Robert Gaupp, "Der Arzt als Erzieher seines Volkes," *Blätter für Volksgesundheitspflege* 19, no. 9/10 (1919).

⁷⁹ Gaupp, *Die zukünftige Stellung des Arztes im Volke*, 20.

⁸⁰ Ibid., 14-18. Most of Gaupp's demands had already been on the agenda of a broader movement of 'social hygiene' before the war, see, for example Udo Schagen and Sabine Schleiermacher, eds., *100 Jahre Sozialhygiene, Sozialmedizin und Public Health in Deutschland* (Berlin: Charité – Universitätsmedizin Berlin [CD-ROM publication], 2005).

⁸¹ Mergel, "Führer, Volksgemeinschaft und Maschine: Politische Erwartungsstrukturen in der Weimarer Republik und dem Nationalsozialismus 1918-1936," 105.

the physician-leader as an authoritative public expert, and as an actual alternative to an unfit political leadership. Rejecting both the wartime government and the new democracy, both of which he saw as controlled by a bureaucracy that was ignorant of the people's psychological needs, Gaupp claimed that the "destiny of our people" finally had to be handed over to those who really understood the people's mind. Against the fragmentation of the nation by interests and parties, he postulated an anti-political vision of a government of medical experts, legitimated by scientific knowledge as well as a deeper understanding of the human condition and a specific ethos of the profession:

Above all the narrow and antiquated party systems, above all pathetic politics of interest, above all parliamentary shallowness and vanity, based on a rich knowledge of human nature and a deep love of mankind stands the doctor's way of thinking, which in a daily struggle against poverty and distress and in daily sight of the driving forces of human action learns how to rightly judge human concerns.⁸²

For Gaupp's teacher Emil Kraepelin, the end of the monarchy and the revolutionary events of the winter of 1918/19 had been a political catastrophe. "The enormous events that have befallen the German people have deeply shocked its inner life," Kraepelin wrote shortly after the end of the Munich Soviet in an article in the right-wing conservative journal *Süddeutsche Monatshefte*.⁸³ Trying to make sense of the recent events, he turned to the diagnostic categories of his discipline and produced one of the most exhaustive psychiatric analyses of the political and social situation in post-war Germany.⁸⁴ In many regards, Kraepelin shared Robert Gaupp's analysis of the situation, arguing that the military and political collapse of November 1918 and the ensuing upheaval could only be explained against the background of a "gradual attrition of

⁸² Gaupp, *Die zukünftige Stellung des Arztes im Volke*, 20. Note also the similar claims of "technocratic" techno-scientific experts in the interwar period, Dirk von Laak, "Technokratie im Europa des 20. Jahrhunderts -- eine einflussreiche Hintergrundideologie," in *Theorien und Experimente der Moderne: Europas Gesellschaften im 20. Jahrhundert*, ed. Lutz Raphael (Cologne, Vienna and Weimar: Böhlau, 2012), 111-19.

⁸³ Jens Flemming, "Gegen die intellektualistische Zersetzung der alten moralischen Werte. Die Süddeutschen Monatshefte zwischen Krieg und Nationalsozialismus," in *Le milieu intellectuel conservateur en Allemagne, sa presse et ses réseaux*, ed. Michel Grunewald (Bern: P. Lang, 2003).

⁸⁴ Engstrom, "Psychiatry and Public Affairs," 128-32. On Kraepelin's scientific and political thought see also Matthias M. Weber, Wolfgang Burgmair, and Eric J. Engstrom, "Emil Kraepelin: Zwischen klinischen Krankheitsbildern und 'psychischer Volkshygiene:' Emil Kraepelin (1856-1926)," *Deutsches Ärzteblatt* 103, no. 41 (2006); Volker Roelcke, "Biologizing Social Facts: An Early 20th Century Debate on Kraepelin's Concepts of Culture, Neurasthenia, and Degeneration," *Culture, Medicine, and Psychiatry* 21, no. 4 (1997).

the people's soul (*Volksseele*)" in the course of the war.⁸⁵

Referring to the Paris Commune of 1871 and the Russian Revolution of 1905, Kraepelin saw a historical regularity at work in the current events and applied the categories of clinical psychiatry to the level of social collectives: "Every persistent and intense pressure on the collective psyche produces stresses which ultimately explode with enormous power and which in their blind rage can no longer be controlled by the forces of reason. In day-to-day psychiatric practice *hysterical disorders* are the counterpart to this behavior."⁸⁶ To Kraepelin, this analogy was more than just a metaphor: In every mass movement, he pointed out, one could easily find traits which were closely related to hysterical symptoms.⁸⁷ As Eric Engstrom has noted, this link between collective, political events and individual mental disorder played a double role in Kraepelin's argument. By drawing "the revolution into the clinic," he could not only subject it to a scientific analysis, but bolster his "psychiatric observations of contemporary events" with his scientific legitimacy as a renowned psychiatrist.⁸⁸

Kraepelin saw more than one reason for the "hysterical" dimension of the revolution. Apart from the effects of crowd psychology and the leading role of "psychopathic personalities," he found the participants of the upheaval themselves to be an important factor for the collective hysteria. The revolution had mainly been supported by workers and other members of the lower classes, and in Kraepelin's biologicistic worldview class was not a matter of political or economic relations, but rooted in biological facts.⁸⁹ Consequently, he supposed that the revolutionary masses had largely consisted of "mentally underdeveloped compatriots (*Volksgenossen*)." Unfit to be rational political subjects, they lacked the "ability for cool calculating consideration, self-control, foreseeing of future events, and the guidance of the will by rational insight."⁹⁰

But, just like individual hysteria, collective hysteria could not only cause loss of control and rationality, it could also lead to the alteration and suppression of memories. Kraepelin found no other explanation for why the memory of the collective enthusiasm and the national unity of

⁸⁵ Kraepelin, "Psychiatrische Randbemerkungen zur Zeitgeschichte," 175.

⁸⁶ Ibid. Quoted after Engstrom, "Psychiatry and Public Affairs," 129, original emphasis.

⁸⁷ Kraepelin, "Psychiatrische Randbemerkungen zur Zeitgeschichte," 176.

⁸⁸ Engstrom, "Psychiatry and Public Affairs," 129-30.

⁸⁹ Ibid., 130.

⁹⁰ Kraepelin, "Psychiatrische Randbemerkungen zur Zeitgeschichte," 176.

August 1914 had vanished from peoples' minds and had been gradually replaced by the opinion that "the German people had unwillingly been driven into the war by a guilt-burdened government, bellicose military brass and greedy capitalists."⁹¹ Likewise, for Robert Gaupp the upheaval of 1918/19 brought up "nostalgic pain" when remembering the enthusiasm of August 1914.⁹² Imagined as an ideal moment of positive collective emotions, the national mass mobilization of August 1914 was the symbolic counterpart to the hysterical revolutionary crowds of November 1918 – as was the "true leader" to the "revolutionary psychopath."⁹³ Yet, for Hans Brennecke, who supported the idea that "psychopaths" had played their role in the revolution but explicitly rejected Kraepelin's interpretation of the whole revolution as a pathological event, the parallels between August 1914 and November 1918 were so clear that they provided an argument against the psychiatric interpretation of the revolution:

Otherwise one could, with the same right, also misinterpret the enormous, great, natural and true enthusiasm of the whole German people in these days of August 1914 as pathological, and thus do the whole of the people no greater injustice than by judging and dismissing its revolutionary movement as merely pathological.⁹⁴

The political implications of Kraepelin's polemical article went far beyond the rejection of the revolution and the new political order or a call for the restoration of the pre-war Wilhelmine society. In the rule of the revolutionaries he saw only the last consequence of the belief that all men were equal in their abilities and only hindered from developing their potentials by external factors as oppression and exploitation.⁹⁵ Kraepelin was convinced that the exact opposite was true and that the stratification of society mirrored the hereditary biological characteristics of its members. On the one hand, he argued, nobility would not have become the ruling class if their ancestors had not had outstanding traits which they could pass on to their descendants. On the other hand, "it is obvious that the ancestors of those who today belong to the lower social classes by and large did not have any traits that allowed them extraordinary achievements and thus they could not pass down such characteristics." However, this social Darwinist model of a social

⁹¹ Ibid., 177.

⁹² Gaupp, "Der nervöse Zusammenbruch und die Revolution," 43.

⁹³ See, for example Jeffrey Verhey, *The Spirit of 1914: Militarism, Myth and Mobilization in Germany* (New York: Cambridge University Press, 2000); Steffen Bruendel, *Volksgemeinschaft oder Volksstaat: Die Ideen von 1914 und die Neuordnung Deutschlands im Ersten Weltkrieg* (Berlin: Akademie, 2003).

⁹⁴ Brennecke, "Zur Frage der Psychopathologie der Revolution und der Revolutionäre," 227.

⁹⁵ Kraepelin, "Psychiatrische Randbemerkungen zur Zeitgeschichte," 180.

hierarchy based on a biologic meritocracy was not totally static but allowed for some degree of social mobility. “We see old and glorious dynasties degenerate and [...] descend into the proletariat,” Kraepelin pointed out, and at the same time new and vital families emerge without pedigree.⁹⁶ As Eric Engstrom has rightly observed, Kraepelin’s social theory was “conveniently double-edged” and “reflected the conflicting interests of Kraepelin’s own class, the *Bildungsbürgertum*. Confronted with a mass society which ultimately threatened to undermine its own social position, the *Bildungsbürgertum* erected barricades against the supposedly irrational threat from below, while simultaneously ensuring its own asset and hence the selective permeability of the social hierarchy.”⁹⁷

“The rule of the people has to become the rule of the best,” Kraepelin summarized his social theory. Yet, like many other adherents of eugenics, Kraepelin was convinced that the war had led to a negative selection, robbing the German nation of “the men most gifted and most willing to sacrifice themselves (*opferbereit*)” while sparing “the unable and self-serving.”⁹⁸ As he did not want to content himself with “the best” to emerge by chance or nature, he advocated an active intervention and a far-reaching program for the recovery of the nation. In order to avert degeneration, Kraepelin proposed a number of measures, most of which had already been part of social hygienists’ and Kraepelin’s own agenda before the war: early marriage, fertility, the fight against alcohol, syphilis, and the distresses of urban life. What was necessary now, he wrote, was “by all means, to breed (*züchten*) outstanding personalities who in the arduous days to come, may guide our fortunes.”⁹⁹ But at the same time, Kraepelin also stated that the “good parts of our *Volk* should not be ruined by the inferior ones” and that the “inferiors” should not be a burden to the national collective. Here, Kraepelin’s socio-political ideas already show the outlines of a “negative” approach to eugenics which, following another radicalization after the world economic crisis, would ultimately lead to the forced sterilizations and “euthanasia” programs of Nazi psychiatry.¹⁰⁰

⁹⁶ Ibid., 181.

⁹⁷ Engstrom, “Psychiatry and Public Affairs,” 131.

⁹⁸ Kraepelin, “Psychiatrische Randbemerkungen zur Zeitgeschichte,” 182; Kühl, *Die Internationale der Rassisten*, 41-58.

⁹⁹ Kraepelin, “Psychiatrische Randbemerkungen zur Zeitgeschichte,” 182-83.

¹⁰⁰ Ibid.; Hans Ludwig Siemen, “Reform und Radikalisierung: Veränderungen der Psychiatrie in der Weltwirtschaftskrise,” in *Medizin und Gesundheitspolitik in der NS-Zeit*, ed. Norbert Frei (Munich: Oldenbourg, 1991).

The most vociferous propagandist of psychiatry's claim to political and social expertise was Erwin Stransky, professor of psychiatry at the University of Vienna (on whom more in chapter II). Shortly before the end of the war, Stransky had already published his manifesto for a new approach to psychiatric research and practice, which he had labelled applied psychiatry (*Angewandte Psychiatrie*). Even more explicitly than Gaupp or Kraepelin, he found the psychiatrist to be the ultimate social and political expert: "There is no other human being, no other doctor, no one, whose work would allow him such deep insights into the deepest psychic matters of life, of individual men, of groups of men and even of the peoples [...] than the psychiatrist!" Yet, Stransky asserted, only too few psychiatrists were aware of the potentials and responsibilities of their profession and most of them remained stuck in the unworldly isolation of the asylum and the laboratory.¹⁰¹ Sharply criticizing his colleagues for their readiness to compromise and their lacking self-confidence, he called for a "healthy imperialism of the doctors" in the service of the protection of society and of racial hygiene.¹⁰² As a first objective in psychiatrists' campaign for "power politics," Stransky propagated the conquest of the legal system. Step by step, psychiatrists had to expand their current status as expert witnesses, up until the "dethronement of law (*Jurismus*):" "Historia docet! After Pippin followed Charlemagne and the sons of today's consulting experts will be tomorrow's leaders and judges of mankind."¹⁰³ Going beyond mere rhetoric, Stransky – who at the same time was also a dedicated propagandist of ethnic Pan-German nationalism in Austria¹⁰⁴ – merged the language and the concepts of national power politics with the professional policies of his discipline, calling for an "imperialism of the doctors," professional "power politics" (*Machtpolitik*) and a "*großärztliche* propaganda."¹⁰⁵

The expansion of psychiatry's sphere of authority as envisaged under the label of applied psychiatry was not limited to the conquest of institutions and the strongly increasing presence of psychiatric expertise in all areas of social and political life. In order to become what Stransky, with a hardly translatable German notion, called "*Generaloberstsachverständiger* for all forms

¹⁰¹ Erwin Stransky, "Angewandte Psychiatrie: Motive und Elemente zu einem Programmentwurf," *Allgemeine Zeitschrift für Psychiatrie und psychisch-gerichtliche Medizin* 74, no. 1-3 (1918): 22-23.

¹⁰² *Ibid.*, 30.

¹⁰³ *Ibid.*, 31.

¹⁰⁴ See, for example Erwin Stransky, "Großdeutschland und die Ärzteschaft," *Wiener Medizinische Wochenschrift* 69, no. 2 (1919). Note that Stransky, who in 1938 had to resign from his chair in Vienna due to his Jewish descent, drew a clear line between his *großdeutsche* position and the anti-Semitic ultra-nationalism of the *Alldeutscher Verband*.

¹⁰⁵ Stransky, "Angewandte Psychiatrie," 35.

and ways of life of the individual and the collective,” the psychiatrist had to open up new fields of research.¹⁰⁶ In particular, the questions of ethnography and the social sciences had to be re-examined from a psychiatric perspective, in order for the psychiatrist to become the “teacher and guide of future statesmen and diplomats.”¹⁰⁷ Historiography was to play a particularly important role for the psycho-political expertise offered by “applied psychiatry.” Whereas the “historians, ethnologists (*Kulturforscher*), economists and politicians” lacked the psychological knowledge to learn anything valuable from history, Stransky found the psychiatrist to be the one who could understand history and draw the right conclusions for the future.¹⁰⁸

What had already been a far-reaching program for the renewal of the psychiatric profession and for the extension of its area of activity and authority seemed even more urgent after the military defeat and the ensuing upheaval. To Stransky, the immediate post-war period had made even clearer how important the understanding of “practical psychology (*Seelenkunde*)” by both the people and its leaders would have been to avoid this “gruesome catastrophe.” Lecturing at the meeting of German psychiatrists in Hamburg in May 1920, he renewed his call for “applied psychiatry,” which now had to be placed in the service of the “mental reconstruction of the German people.”¹⁰⁹ applied psychiatry was now redrafted as an expansive program for the bio-political and psycho-political reform and re-education of the common people and the elites. Many of the demands that Stransky presented in a characteristically overheated rhetoric differed neither in kind nor in degree from the socio-medical interventions propagated by Gaupp, Kraepelin and others: education of the people in *völkisch* virtues, positive eugenics, temperance, and the fight against syphilis. Yet, more than other physicians, Stransky not only advocated an expansion of psychiatrists’ socio-political expertise, but also postulated that psychiatry had to change its professional profile in order to claim this authority. A similar approach can perhaps be found in an article by one doctor Hugo Marx from Berlin, who published his ‘medical thoughts on the revolution’ in early 1919. Asserting that “the war [...] has been won by the Anglo-American psychologist,” Marx called for a turn away from the laboratory and toward “applied psychology,” “cultural psychology and psycho-technology (*Psychotechnik*).”¹¹⁰

¹⁰⁶ Ibid., 37.

¹⁰⁷ Ibid., 44.

¹⁰⁸ Stransky, “Der seelische Wiederaufbau,” 277.

¹⁰⁹ Ibid..

¹¹⁰ Marx, “Aerztliche Gedanken zur Revolution,” 279.

It was Stransky's plans for the expansion of the discipline's psycho-political expertise that provoked one of the few critical public statements by a fellow psychiatrist. In a 1921 article, Arthur Kronfeld used Stransky's approach as an occasion for a broadside against the more general tendency to extend the reach of psychiatric diagnoses into social and political matters, describing applied psychiatry as one of the greatest threats to "the factual and logical integrity of our discipline."¹¹¹ Although Kronfeld insisted that he was motivated only by a concern for the objectivity of science, his rejection of applied psychiatry was also due to a political alignment that strongly differed from the prevalent right-wing nationalism of German psychiatrists. Kronfeld was a member of the Social Democratic Party and, in late 1918, had been a delegate in the Freiburg Soviet.¹¹²

Against the recent politicization of psychiatric expertise, Kronfeld propagated a disinterested scientific practice which had to remain "above and apart from current opinions and political parties." He did not claim that psychiatric knowledge could be fully objective – on the contrary, every description of a mental process as "abnormal, deformed or sick" obviously needed some kind of norm to refer to. In his perspective, this inherent normativity of the diagnostic tools was already challenge enough for the scientific character of psychiatry when applied to the mental processes of individuals. But more importantly, Kronfeld attacked a key assumption of the diagnoses of the revolution when he asserted that the specific norms of psychiatry were not the norms of the socio-political realm. Thus, psychiatry, and applied psychiatry just as well, were bound by epistemological limits inherent to the discipline and its own methods. To extend the diagnostic categories and norms of psychiatry into socio-political matters would not only mean to be unscientific and to repeat the mistakes of Carl Theodor Groddeck, who in 1849 had found the "morbus democraticus" to be a new disease. As Kronfeld argued, Stransky's claim to psycho-political expertise ran the risk of accomplishing only the exact opposite and to confirm the public's preconceptions against psychiatry. Consequently, the claim to the leadership of psycho-political experts was to be rejected: "The national collective, whose fosterage we

¹¹¹ Arthur Kronfeld, "Eine Bedenklichkeit der 'angewandten' Psychiatrie," *Zeitschrift für die gesamte Neurologie und Psychiatrie* 65(1921): 366. Stransky responded to Kronfeld's criticism somewhat later, defending psychiatry's right to analyze political, social and cultural matters, see Stransky, "Keine Bedenklichkeit der angewandten Psychiatrie."

¹¹² Ingo-Wolf Kittel, "Arthur Kronfeld zur Erinnerung - Schicksal und Werk eines jüdischen Psychiaters in drei deutschen Reichen," in *Arthur Kronfeld (1886-1941): Ein Pionier der Psychologie, Sexualwissenschaft und Psychotherapie*, ed. Ingo-Wolf Kittel (Konstanz: Bibliothek der Universität Konstanz, 1988), 8.

vindicate in this ‘applied’ psychiatry, has not agreed.”¹¹³

PSYCHIATRIC EXPERTISE IN THE INTERWAR PERIOD

The persuasiveness of psychiatrists’ visions of a national nervous breakdown and rampaging “psychopaths” was closely linked to a very specific post-war situation. With the gradual economic and political consolidation of the Weimar republic and the Austrian First Republic during the 1920s, this kind of explicit socio-political diagnoses largely disappeared from the major psychiatric and neurological journals, while conservative psychiatrists reluctantly made their peace with the new social and political order. Nonetheless, the general idea of translating the concepts of psychopathology into tools for the analysis of society remained very much alive. Apart from the activities of Erwin Stransky and the Association for Applied Psychopathology and Psychology in Vienna, examples also include Karl Birnbaum’s layout of a “psychopathology of culture” (*Kulturpsychopathologie*) published in 1924, or the works of Arthur Kronfeld, who – despite his severe criticism of Stransky’s approach – ventured into the field of “sociological psychopathology” and “psychopathological sociology” in 1923.¹¹⁴ The most influential actualization of Le Bon’s ideas on mass psychology came from the young discipline of psychoanalysis. Sigmund Freud’s seminal *Massenpsychologie und Ich-Analyse* dates from 1921 and can easily be read in the wider context of psychiatrists’ increased interest in socio-political matters in the early interwar years.¹¹⁵

Beyond the boundaries of medicine and the psy-disciplines, the idea of a malady of the collective body became one of the essential topoi of right-wing conservative discourses in the interwar period. Conservatives of every shade commonly evoked the image of national illness and national regeneration in order to advocate their political agendas.¹¹⁶ This discourse often had a distinctly psychiatric dimension. The frequent use of concepts like the “national soul” or collective nervousness shows how psychiatric knowledge had been adopted by a wider public. Although the use of such concepts can be traced back at least to the first third of the nineteenth

¹¹³ Kronfeld, "Eine Bedenklichkeit der 'angewandten' Psychiatrie," 367.

¹¹⁴ Karl Birnbaum, *Grundzüge der Kulturpsychopathologie*, Grenzfragen des Nerven- und Seelenlebens (Munich: J. Bergmann, 1924); Arthur Kronfeld, *Das seelisch Abnorme und die Gemeinschaft* (Stuttgart: Julius Püttmann, 1923).

¹¹⁵ Sigmund Freud, "Massenpsychologie und Ich-Analyse (1921)," in *Massenpsychologie und Ich-Analyse: Die Zukunft einer Illusion* (Frankfurt am Main: Fischer, 1993).

¹¹⁶ Föllmer, "Der kranke Volkskörper."

century, the events of the post-war period endowed this discourse with both urgency and plausibility.¹¹⁷ When Hermann Oppenheim and Emil Kraepelin published their diagnoses of the revolution in high-circulation media like the *Berliner Tageblatt* and the *Süddeutsche Monatshefte* respectively, they clearly had this kind of dissemination into a broader educated public in mind.¹¹⁸ Yet, what direct impact their ideas had and if their authors could capitalize on them in terms of social and scientific prestige remains difficult to assess.

Psychiatry itself could successfully consolidate both its standing as a scientific discipline and its role as an interpretative authority in social and political affairs during the interwar period. Apart from the creation of new university departments and the expansion of existing ones, the incorporation of the German Research Institute for Psychiatry (*Deutsche Forschungsanstalt für Psychiatrie*, DFA) in Munich into the Kaiser Wilhelm Society in 1924 reveals the increasing scientific and socio-political relevance of psychiatry.¹¹⁹ Founded in Munich in 1917, the DFA had quickly become one of the most important institutions in German psychiatry even before its integration into the major umbrella organization for scientific research in Germany. Its creation was, more than anything else, the result of the organizational efforts of Emil Kraepelin, who had already begun campaigning for a psychiatric research institute in 1912. Kraepelin's lobbying for a psychiatric research institute was closely linked to his social and political ideas. When presenting plans for the future institute in 1915, the main reason he gave for its creation was the necessity of fundamental research in psychiatry for the fight against the "devastations that mental illness causes to our national body."¹²⁰ Even more than about the mentally ill, he was concerned about the many "slightly abnormal people, who we describe as 'nervous,' eccentrics, psychopaths, or as feeble-minded, inferiors, degenerates, and enemies of society."¹²¹ The "weapons" against these dangers which threatened the very existence of the nation and society, argued, could not be developed in the messy every-day practice of insufficiently equipped psychiatric clinics and asylums.

Kraepelin's plan for a research institute moved considerably closer to its realization in 1916,

¹¹⁷ Roelcke, *Krankheit und Kulturkritik*; Radkau, *Das Zeitalter der Nervosität*.

¹¹⁸ Hermann Oppenheim, "Seelenstörung und Volksbewegung," *Berliner Tageblatt* 48, no. 171 (1919).

¹¹⁹ Roelcke, "Die Entwicklung der Psychiatrie," 119.

¹²⁰ Emil Kraepelin, "Ein Forschungsinstitut für Psychiatrie," *Zeitschrift für die gesamte Neurologie und Psychiatrie* 32(1916): 2.

¹²¹ *Ibid.*

when a huge donation by the Jewish-American philanthropist James Loeb provided a financial basis. In April 1918, practical research activities by the DFA commenced, shortly before the end of the First World War and the revolution in Munich. With Emil Kraepelin and Eugen Kahn, two members of the institute were among the most outspoken psychiatric commentators of the immediate post-war period. During the interwar period, the institute became a national and international center of psychiatric and neurological research. Kraepelin's emphasis on the role of psychiatry in the process of national regeneration was reflected in the DFA's organizational structure, which, since the institute's foundation, included a department for genealogy and demography led by Ernst Rüdin, one of the most important representatives of racial hygiene and eugenics in Germany.¹²² Under the direction of Rüdin, who was appointed head of the DFA in 1931, research in heredity, eugenics, and genetics as well as in criminal biology and "psychopathy," became increasingly important for the whole institute.¹²³ After 1933, he was one of the most important psychiatric experts in the "Third Reich," and played an important role in the scientific legitimization of the National Socialists' medical policies, both domestically and abroad.¹²⁴

The interwar period opened up new possibilities for expert activity, and psychiatrists were able to occupy important positions. In particular, the expansion – and bureaucratization – of social welfare created a new market for scientific expertise from different disciplines, both in Weimar Germany and in Austria.¹²⁵ The question regarding to which pensions mentally injured veterans should be entitled had already been one of the key topics in the controversial debates on the so-called "war neuroses" before 1918. In Germany, the passing of the pension law (*Reichsversorgungsgesetz*) in 1920 finally promised pensions in the case of mental disorder due to war experiences or work accidents. But as crucial passages of the law were relatively open to interpretation, its implementation required the participation of psychiatric experts on all levels, from testimonies in individual cases to high-level policy advice. With health officials in need of expertise and psychiatrists eager to extend their socio-political influence, the welfare system of the early Weimar republic may well be described as a situation in which science and

¹²² Matthias M. Weber, "Psychiatric Research and Science Policy in Germany: The History of the Deutsche Forschungsanstalt für Psychiatrie (German Institute for Psychiatric Research) in Munich from 1917 to 1945," *History of Psychiatry* 11, no. 43 (2000); Roelcke, "Psychiatrische Wissenschaft."

¹²³ Weber, "Psychiatric Research and Science Policy," 247.

¹²⁴ Matthias M. Weber, "Rüdin, Ernst," in *Neue Deutsche Biographie* 22 (2005).

¹²⁵ Detlev J. K. Peukert, *Die Weimarer Republik: Krisenjahre der Klassischen Moderne* (Frankfurt am Main: Suhrkamp, 1987), 132-40.

politics functioned as “resources for each other.”¹²⁶ As Stephanie Neuner has recently shown, the pension question mobilized a highly active and stable network of health officials and psychiatric experts, in which a small and exclusive circle of conservative psychiatrists was able to exert some influence on national health and welfare policies in Germany.¹²⁷

Another field on which psychiatrists could defend and in some regards even extend their expert status was the judicial system. Beyond the continuous importance of forensic expert testimonies in the court room, the post-war period of the First World War saw an increasing institutionalization of psychiatric expert knowledge in the penal system. The debates led by psychiatrists during and after the war had a strong influence on the theory and practice of criminology in the interwar period. Richard F. Wetzell has shown that the increasing importance of criminal biology in Weimar Germany was closely connected to psychiatry’s expansion beyond the clinic and into society as well as to psychiatrists’ increasing concern “with the welfare and protection of society as a whole rather than the individual patient.”¹²⁸ The introduction of criminal-biological examinations in the Bavarian prisons from the early 1920s onwards is certainly one of the most striking examples.¹²⁹

More than anything else, the concepts of “mental inferiority” and “psychopathy” were a crucial factor in the gradual “medicalization of penal law.” By describing “mental inferiority” as situated in the grey area between sanity and full-fledged mental illness, psychiatrists claimed the responsibility for all sorts of abnormalities beyond the confined medical space of the clinic and asylum. Even before the turn of the century, the idea that “mentally inferiors” were to blame for a significant amount of crimes committed and represented a large part of prison inmates, had been almost a consensus in psychiatric and criminological circles.¹³⁰

The figure of the “psychopath” was a next step in the construction of a criminal, moral and political menace to bourgeois society that only trained specialists could safely identify and

¹²⁶ Ash, “Wissenschaft und Politik als Ressourcen für einander.”

¹²⁷ Neuner, *Politik und Psychiatrie*, 91-110; Lerner, *Hysterical Men*, 223-48; Esther Fischer-Homberger, *Die traumatische Neurose: Vom somatischen zum sozialen Leiden* (Bern: H. Huber, 1975).

¹²⁸ Wetzell, *Inventing the Criminal*, 125.

¹²⁹ *Ibid.*, 128-37.

¹³⁰ Richard F. Wetzell, “Die Rolle medizinischer Experten in Strafjustiz und Strafrechtsreformbewegung: Eine Medikalisierung des Strafrechts?,” in *Experten und Expertenwissen in der Strafjustiz von der Frühen Neuzeit bis zur Moderne*, ed. Alexander Kästner and Sylvia Kesper-Biermann (Leipzig: Meiner, 2008), 66-67.

assess. Notably, the allegation that “psychopaths” had been the protagonists of the revolution was also adopted by political decision makers in the post-war period. In September 1920, the Prussian minister of welfare, Adam Stegerwald, prompted the establishment of specialized counselling offices for “psychopaths.” Although these offices were clearly not the institutions for the custody of “psychopaths” that Eugen Kahn, Hans Brennecke and others had envisioned, Stegerwald basically used the same arguments to back his initiative: The recent upheaval, he wrote, had most clearly shown that “juvenile psychopaths are to be found in the frontline of politically extreme movements.” Yet, although the “psychopaths” were thought to be a threat to the whole nation, Stegerwald was convinced that forced medical treatments would not be successful. In contrast, counselling offices, which had to be strictly separated from the asylums, would offer the possibility to more effectively reach and treat ‘psychopathic individuals’ with their own consent.¹³¹

Counselling offices for “psychopaths” were but one outcome of a more general tendency towards the prophylaxis and prevention of mental illness. Against the background of psychiatry’s notorious inability to heal its patients, psychiatrists discussed a wide range of different approaches for the prevention of mental illness and the preservation of both individual and collective mental health. As I have shown in the previous sections, different forms of socio-medical interventions had already been an integral part of psychiatrists’ psycho-political diagnoses of the immediate post-war period, where the threat of mass-hysterical endemics and the need for national regeneration could serve as a legitimization for the expansion of psychiatry’s field of activity. Although the debate lost some of its alarmist edge, it continued during the interwar years and led to the emergence of a movement for *psychische Hygiene* or *Psychohygiene* in the German-speaking countries. Together with parallel and related projects in many European and non-European countries, it was part of a highly diverse international movement for ‘mental hygiene’ forming since the second half of the 1920s.¹³² An important step in the institutionalization of this loosely defined concept was the creation of a German Society for Mental Hygiene (*Verband für psychische Hygiene*) in 1925 through the initiative of Robert Sommer, who also became its first president. The first conference of the society, held in

¹³¹ "Minister für Volkswohlfahrt an sämtliche Ober- und Regierungspräsidenten, 2. September 1920, Berlin," in *Quellen zur Geschichte der Anstaltspsychiatrie in Westfalen*, ed. Franz-Werner Kersting and Hans-Walter Schmuhl (Paderborn: Schöningh, 2004); Weindling, *Health, Race and German Politics*, 381.

¹³² Mathew Thomson, "Mental Hygiene as an International Movement," in *International Health Organisations and Movements, 1918-1939*, ed. Paul Weindling (Cambridge: Cambridge University Press, 1995).

Hamburg in 1928 not only attracted leading psychiatrists but also state officials and representatives of the welfare authorities and the police.¹³³

To some extent, the development of mental hygiene in the German-speaking countries was closely related to the increasing professionalization of psychotherapy and to ideas of social reform. The General Medical Society for Psychotherapy (*Allgemeine Ärztliche Gesellschaft für Psychotherapie*) was founded in late 1927 in Hamburg with the participation of psychiatrists like Robert Sommer, Arthur Kronfeld, Karl Birnbaum, and Ernst Kretschmer.¹³⁴ The society's journal, the *Allgemeine ärztliche Zeitschrift für Psychotherapie und psychische Hygiene*, was first published in 1928 and explicitly connected psychotherapy to mental hygiene. In the preamble of the first issue, the editors defined psychotherapy and mental hygiene as an interdisciplinary project, while also highlighting the social importance of their enterprise: The implementation of psychotherapy, they argued, was necessitated by the discontents of modern life and the epidemic (*Volksseuche*) of neuroses. Thus, psychotherapy and mental hygiene were not only intended to serve the suffering individual, but were also considered a complementary part of social reforms for the benefit of the public, the state and the economy.¹³⁵

However, approaches like psychotherapy and social reform were soon gradually pushed aside by calls for more resolute socio-medical interventions. As the example of the German Association for Mental Hygiene shows, the concept of mental hygiene itself was increasingly reduced to eugenic approaches. Since the establishment of the society, its concept of mental hygiene and the prophylaxis of mental illness had explicitly comprised eugenics. These concepts had already been prevalent among German psychiatrists before and during the war and had gained additional momentum against the backdrop of the war and the post-war crisis. As Paul Weindling has argued: "Virtually any aspect of eugenic thought and practice – from 'euthanasia' of the unfit and compulsory sterilization to positive welfare – was developed during the turmoil of the crucial years between 1918 and 1924."¹³⁶ Yet, eugenic concepts only came to dominate the psychiatric discourse both inside and outside of the Society for Mental

¹³³ Roelcke, "Prävention in Hygiene und Psychiatrie," 395; Siemen, "Reform und Radikalisierung," 193.

¹³⁴ Uwe Zeller, *Psychotherapie in der Weimarer Zeit: Die Gründung der "Allgemeinen Ärztlichen Gesellschaft für Psychotherapie"* (AÄGP) (Tübingen: Köhler, 2001); Christina Schröder, *Der Fachstreit um das Seelenheil: Psychotherapiegeschichte zwischen 1880 und 1932* (Frankfurt am Main: Peter Lang, 1995).

¹³⁵ "Zum Geleit," *Allgemeine ärztliche Zeitschrift für Psychotherapie und psychische Hygiene* 1, no. 1 (1928).

¹³⁶ Weindling, *Health, Race and German Politics*, 307.

Hygiene in the late 1920s, when the impact of the world economic crisis increased the economic pressure on the welfare system and brought an end to many reform-oriented projects in psychiatry.¹³⁷ In the early 1930s, eugenic thinking increasingly displaced alternative approaches in the Society for Mental Hygiene. On the First International Congress on Mental Hygiene, held in Washington, D.C. in May 1930, it was the delegation of the German society which most insistently advocated a eugenic approach to mental hygiene, including the sterilization of the mentally ill.¹³⁸ Two years later, the second national conference of the Society for Mental Hygiene, held in Bonn in 1932 had as its main topic the “eugenic duties of mental hygiene.” After the Nazis’ rise to power, the society’s understanding of mental hygiene became more and more indistinguishable from racial hygiene and eugenics.

¹³⁷ Siemen, "Reform und Radikalisierung," 196-99.

¹³⁸ Thomson, "Mental Hygiene as an International Movement," 288-89.

CHAPTER II – APPLYING PSYCHIATRY IN INTERWAR VIENNA

INTRODUCTION

Among the various interwar-period attempts to shift the focus of psychiatry's expertise from the asylum into society, one program stood out for its radical scope and rhetoric: "Applied psychiatry." Introduced by the Viennese psychiatrist Erwin Stransky (1877-1962) in a programmatic article published in the main German-language journal for psychiatry in 1918, applied psychiatry was aimed at extending the range of the discipline's expertise onto almost any facet of social, political, and cultural life. In brief, psychiatry was to become the leading human and social science, able to explain and to intervene in individual and collective life, and to advise and educate both the masses and their leaders. With his claim that the psychiatrist should become the "supreme expert" (*Generaloberstsachverständiger*) for all aspects of life, Stransky was probably the most outspoken and radical propagandist of psychiatry's claim to socio-political expertise in the years after the First World War.¹ Over the following two decades, "applied psychopathology" – as applied psychiatry was relabeled from 1920 onwards – lost some of its radical and political edge. Nevertheless, it was institutionalized as an association that, somewhat surprisingly, became a place of interdisciplinary encounter in interwar Vienna, well beyond the psy-disciplines.

In present-day medicine, Erwin Stransky is occasionally remembered as one of the founding fathers of modern schizophrenia research and, once in a while, as a pioneer of geriatric psychiatry.² To historians, Stransky has been more interesting for his pan-German nationalism and his role as a prominent propagandist of eugenics in interwar Austria; only recently, a historical research group in Vienna has suggested the renaming of a small street named after Stransky due to his right-wing views and his engagement for racial hygiene.³ However, by

¹ Stransky, "Angewandte Psychiatrie," 37.

² Lazaros C. Triarhou, "Erwin Stransky (1877-1962)," *Journal of Neurology* 259, no. 9 (2012).

³ Oliver Rathkolb et al., "Forschungsprojektendbericht: Straßennamen Wiens seit 1860 als 'Politische Erinnerungsorte'," (Vienna: Kulturabteilung der Stadt Wien (MA 7), 2013), 229-32. Erwin Stransky has been put into "category B (cases in need for discussion)," which includes "individuals, who through their public reputation and their work have supported National Socialism, albeit in a politically ambiguous way, and have actively and repeatedly tried to affiliate themselves with high-ranking representatives of the Nazi regime, or who have

focusing almost exclusively on these aspects of his biography, the existing research has by and large ignored important parts of Stransky's work and life. During his long scientific career, which spanned from the Habsburg monarchy well into the Second Republic, he was among Austria's most prominent and prolific psychiatrists. His exactly three hundred scientific publications encompassed almost every major topic of contemporary psychiatry, his work ranging from schizophrenia to bipolar disorders and to the treatment of multiple sclerosis.

One reason why Erwin Stransky has not been more present in the historiography of medicine and psychiatry may be found in his personality, which certainly was not free of some eccentric traits. The Swiss psychiatrist Max Müller (1894-1980), who met him for dinner in the mid-1930s, sketched a vivid portrait of Stransky in his memoirs:

Hypomaniac, overflowing to erratic, sometimes downright disjointed, he was a brilliant Viennese conversationalist (*Causeur*), as a Jew a professed National Socialist (!), and at the same time a gentleman of the old Austrian type. [...] On this evening, two by two in his ostentatious apartment, the old man – he was over sixty – showered me with a veritable flood of Jewish jokes, anecdotes, Viennese gossip and abstruse theories of blood and soil. This monologue was exhilarant, but tiring in the long run, so that I later tried to avoid him whenever possible; for whenever he saw an acquaintance from afar, he would attack him with a stream of words (*Redestrom*), and hold him by the arm or by the lapel, so that he couldn't slip away.⁴

Stransky would later reject to have ever been a Nazi, and, although he undoubtedly was a far-right pan-German nationalist, this may even be true. Apart from that, Müller's portrayal aligns precisely with the impression given by his published and unpublished writings. Their baroque rhetoric, their pathos and hyperbole were unusual even in their own epoch, and Stransky's single-minded advocacy of "applied psychopathology" and his unswerving loyalty to far-right political views that eventually legitimized his own discrimination show the intricate, and perhaps even tragic, sides of his personality. However, it is certainly insufficient to write off

incorporated and disseminated Nazi ideology in their work, or who were indirectly responsible for the use of force," *ibid.*, 14.

⁴ Max Müller, *Erinnerungen: Erlebte Psychiatriegeschichte 1920-1960* (Berlin, Heidelberg, and New York: Springer, 1982), 145.

Stransky as an eccentric and isolated figure. One should not forget that he functioned exceedingly well in his social environment: He was well-known, well-educated, and well-connected, a university professor and a leading and renowned scientist in his field. He participated prominently in the founding of several associations, and was an honorary member of many others, including the American Psychiatric Association (APA).

Erwin Stransky remained loyal to the project of applied psychiatry throughout his life. The idea that psychiatry should intervene in social life led him to become active in the nascent movement for mental hygiene from the late 1920s onwards. With the publication of the first book entirely devoted to mental hygiene in German language in 1931, Stransky established himself as a leading expert for this field in Austria, and also took on an important role in the emergence and institutionalization of the national branch of the movement for mental hygiene. His notion of mental hygiene was very broad, encompassing not only the care for former patients and so called “psychopaths” and the implementation of psychotherapy, but also the prophylaxis of mental illness in all segments of the population, including eugenic measures.⁵

His conception of the psychiatrist as an authoritative figure was not limited to the socio-political sphere alone. In 1928, Stransky delineated an approach to psychotherapy that was essentially based on a simple premise: The physician had to be the leader of the patient. Unlike contemporary psychoanalysts and depth psychologists, Stransky was convinced that a successful psychotherapy could not be achieved by delving into the individual subtleties of a patient’s mind. Instead, the physician had to exert his full authority to heal the patient – a setup that he tellingly described as “subordination-authority-relation” (SAR).⁶ Although this method received positive feedback from at least some colleagues and patients, Stransky was not successful in inspiring a school of his own.

Stransky’s approach to psychotherapy was but one facet of a long-lasting conflict with psychoanalysis, which is another theme of his biography that will be of interest in this chapter.

⁵ Erwin Stransky, "Wesen und Programmatik der psychischen Hygiene," in *Leitfaden der psychischen Hygiene*, ed. Erwin Stransky (Vienna: Urban & Schwarzenberg, 1931).

⁶ Erwin Stransky, *Subordination, Autorität, Psychotherapie: Eine Studie vom Standpunkt des klinischen Empirikers* (Vienna: Julius Springer, 1928). See also David Freis, "Vertrauen und Subordination: Das psychotherapeutische Ambulatorium der Universität Wien, 1918-1938," *Schriftenreihe der Deutschen Gesellschaft für Geschichte der Nervenheilkunde* 21(forthcoming 2015).

In interwar Vienna, the influence of Freud and his school was almost impossible to ignore. For a number of reasons, psychoanalysis was particularly attractive to a younger generation of Jewish psychiatrist and physicians, many of them tending to the political left. Stransky, who was of Jewish origin but had converted to Protestantism in 1901, took a distinctly different position:⁷ Throughout his life, he remained a staunch and often polemical adversary of psychoanalysis. At the same time, Stransky also was a right-wing German nationalist – a conviction that not even the experience of Nazi rule after the *Anschluss* of Austria in 1938 was able to change. The unresolved conflict between his Jewish origin and the blatant anti-Semitism of the pan-German movement is one of the recurring topics in his autobiographical writings.

Even so, Stransky's activities, and "applied psychopathology" in particular, were often closely entangled with psychoanalysis. This was not only the case because many of his collaborators did not share his rejection of the emerging discipline. In many aspects, and despite all differences, psychoanalysis and "applied psychopathology" did ask some similar questions about psychology and society, and even shared some epistemological assumptions about the possibility of using the categories of individual psychopathology as tools for the interpretation of social and cultural facts. On second sight, Stransky polemics against psychoanalysis often concealed a position that was – to use a term coined by Eugen Bleuler in 1910 – far more ambivalent.⁸

This chapter focuses on the life of Erwin Stransky in order to examine the history of "applied psychopathology," psychotherapy, and mental hygiene against the backdrop of the political and academic situation in Austria in the two decades between the World Wars. I discuss Stransky's contribution to these areas of psychiatric research and practice, and develop a broader image of the local, national, and international networks that were involved. In doing so, this chapter addresses several desiderata in the history of psychiatry in the German-speaking countries. In particular, neither the history of "applied psychopathology" nor the history of mental hygiene

⁷ Daniela Angetter, "Erwin Stransky: Mitbegründer der modernen Schizophrenielehre," *Österreichisches Biographisches Lexikon* (2012), http://www.oeaw.ac.at/oebl/Bio_d_M/bio_2012_01_text.htm. [accessed 20 February 2013]. See also Anna L. Staudacher, "... meldet den Austritt aus dem mosaischen Glauben:" 18.000 Austritte aus dem Judentum in Wien, 1868-1914: Namen - Quellen - Daten (Frankfurt am Main: Peter Lang, 2009), 597.

⁸ Eugen Bleuler, "Vortrag über Ambivalenz," *Zentralblatt für Psychoanalyse* 1(1910); Jean Laplanche and Jean-Bertrand Pontalis, *The Language of Psycho-Analysis*, trans. Donald Nicholson-Smith (London: Hogarth Press, 1973), 26-28.

have been the topic of any comprehensive study yet. The same is true for Stransky's approach to SAR psychotherapy. Although his attempt to introduce it as a psychotherapeutic school failed, it still shows the range of different ideas in the early days of psychotherapy, and provides an example for a distinctly authoritarian approach to psychotherapeutics.

ERWIN STRANSKY: A BIOGRAPHICAL SKETCH

In order to provide a chronological framework for the following parts of this chapter and to situate Stransky in his historical context, this section gives a broader overview of the key aspects of his biography. While I will discuss his psycho-political thinking later in this chapter, a recurring theme of this section is the tension between his Jewish origin and his German nationalist worldview. Apart from the usual biographical sources that are to be found on a Viennese academic of the twentieth century and some autobiographical remarks in his scientific writings, I will have to rely heavily on Stransky's own narration of his life, and in particular on an unpublished typescript for his memoirs, comprising about 800 pages.⁹ Although it might not be considered a major work of literature, the memoirs are a relevant historical document of their own accord, providing detailed and sometimes even gripping accounts of the Viennese medical school in the first two thirds of the twentieth century, as well as of the First World War and the Nazi period in Vienna. At the same time, they may not only be read as a source on Stransky's life and his somewhat difficult character, but also as a noteworthy description of the habitus of an educated middle class in twentieth-century Vienna.

Written in the years between 1938 and around 1947, the memoirs were closely linked to the profound impact of the *Anschluss* of Austria and the rule of the Nazis. In the introductory remarks, Stransky explicitly linked the writing of the memoirs to the "mental crisis" following

⁹ Other sources on Stransky's life and work are the numerous obituaries that were published after his death in 1962, as well as some articles in medical journals on the occasion of his hundredth birthday in 1977 and the fiftieth anniversary of his death in 2012, see Milo Tyndel, "In Memoriam: Erwin Stransky, M.D. 1878-1962," *The American Journal of Psychiatry* 119, no. 3 (1962); Hans Hoff, "In Memoriam: Univ.-Professor Dr. Erwin Stransky," *Wiener Medizinische Wochenschrift* 112, no. 9 (1962); Herbert Reisner, "Dem Andenken Univ.-Prof. Dr. Erwin Stranskys," *Wiener Klinische Wochenschrift* 74, no. 12 (1962); Herbert Reisner, "Erwin Stransky als Mensch und Psychiater," *Wiener Zeitschrift für Nervenheilkunde und deren Grenzgebiete* 20(1962); Walter Spiel, "Stransky: Ein Vorkämpfer der Psychischen Hygiene," *Wiener Zeitschrift für Nervenheilkunde und deren Grenzgebiete* 20(1962); Helmut Tschabitscher, "Stransky als Neurologe," *Wiener Zeitschrift für Nervenheilkunde und deren Grenzgebiete* 20(1962); Franz Seitelberger, "Stransky als Neuropathologe," *Wiener Zeitschrift für Nervenheilkunde und deren Grenzgebiete* 20(1962); E. Menninger-Lerchenthal, "Die Bedeutung Stranskys als psychiatrischer Sachverständiger," *Wiener Zeitschrift für Nervenheilkunde und deren Grenzgebiete* 20(1962).

March 1938.¹⁰ Regardless of his conversion to Protestantism in 1901, he was now considered a Jew under the racial legislation of the Nuremberg laws, and was stripped of his citizens' rights as well as his *venia legendi*.¹¹ He survived the period without emigrating from Vienna, only protected by the marriage to his "Aryan" wife, the opera singer Josefina Stransky, née Holas (1899-1978). For Stransky, this meant political and social discrimination and an existential threat to his very life, as well as a profound crisis of his personal and political identity. Throughout the preceding decades, he had supported a right-wing, German nationalist agenda, defining himself as German and advocating the unification of Germany and Austria into a Greater Germany. Even in March 1938, and like many fellow Austrians, he had initially welcomed the *Anschluss*. As for many others, his initial enthusiasm soon turned into profound disappointment. Yet, for Stransky, the disappointment came quicker and harsher than for others.¹² Against the backdrop of this events, which brought Stransky's Jewish origin to the fore and challenged his German nationalist *Weltanschauung*, it is no surprise that both are among the main topics of his memoirs. In the end, though, this crisis would not shatter his world view: As the comparison of earlier and later writings shows, his political views actually remained surprisingly unchanged throughout his life and throughout the pitfalls of the twentieth century. As I will show in the following two sections, Erwin Stransky's views formed early in his career, and their content and their persistence in the face of dramatic historical changes can only be understood in the context of his biography.

A MEDICAL CAREER IN TWENTIETH-CENTURY VIENNA

Erwin Stransky's parents were both Bohemian Jews. His father, Moritz Stransky, had studied as an engineer at the technical universities of Prague and Berlin around 1848 and earned the family's living as founder and owner of a small chemical factory in Brünn (Brno). In 1873, the family moved from Brünn to Vienna, where, four years later, Erwin Stransky was born as the youngest of seven children. In many respects, the story of the family may be considered representative for a larger group of educated and assimilated middle-class Jews in the late days of the Habsburg Empire. The social advancement of the father continued in the next generation; two of the four brothers studied at the university and all had some economic success in their

¹⁰ On the conversion to Protestantism, see Erwin Stransky, "Aus einem Gelehrtenleben um die Zeitenwende: Rückschau, Ausblick, Gedanken," (Autographensammlung, Josephinum Wien, no. 2065), 2.

¹¹ Ibid., 224-25.

¹² Ibid., 1.

life. His considerably older brothers Siegmund and Felix were particularly prosperous, becoming vice president of an oil company and bank director, respectively.¹³ After graduating from a gymnasium in the Viennese district Leopoldstadt (named today after its most famous student: *Sigmund-Freud-Gymnasium*), Erwin Stransky decided to become a physician. In autumn 1894, he enrolled as a student of medicine at the University of Vienna.¹⁴

Stransky's academic career took a promising turn when he finished his doctoral studies in medicine just two days before his twenty-third birthday in June 1900.¹⁵ After spending another two years as an intern at the general hospital of Vienna, he joined the I. Psychiatric University Clinic as an assistant in 1902.¹⁶ The director of the clinic, newly appointed in the same year as successor of Richard von Krafft-Ebing (1840-1902), was the later Nobel laureate Julius Wagner-Jauregg (1857-1940). Although Wagner-Jauregg and Stransky did not undertake much research together, the scientific relationship with Wagner-Jauregg would be of high and lasting importance, in particular for the latter. Throughout his life, Stransky would remain a faithful admirer and follower of Wagner-Jauregg, with whom he shared many views on politics, racial hygiene, and psychoanalysis.¹⁷ Moreover, the clinic of Wagner-Jauregg proved to be a particularly productive environment for psychiatric research. It was here that Wagner-Jauregg's research in the treatment of progressive paralysis by the inoculation of malaria took place – a therapeutic breakthrough for which he would be awarded the Nobel Prize in Medicine in 1927. Another reason why Wagner-Jauregg's clinic could become a veritable hothouse for psychiatric research in Vienna was the presence of a large number of psychoanalysts. Although Wagner-Jauregg himself was an avowed adversary of the new psychological approaches to mental illness, many representatives of psychoanalysis and individual psychology started their careers as members of his staff, making the clinic a place of vibrant interdisciplinary encounter.¹⁸

¹³ Ibid., 38-39.

¹⁴ Ibid., 132-206; Triarhou, "Erwin Stransky (1877-1962)," 2012.

¹⁵ Stransky, "Aus einem Gelehrtenleben," 205.

¹⁶ Triarhou, "Erwin Stransky (1877-1962)," 2012.

¹⁷ For an overview of Wagner-Jauregg's ideas on eugenics, see Julius Wagner-Jauregg, "Über Eugenik," *Wiener Klinische Wochenschrift* 44, no. 1 (1931). In particular, Wagner-Jauregg argued that eugenics as a science had to be international, but eugenics as a project had to be national.

¹⁸ Magda Whitrow, *Julius Wagner-Jauregg (1857-1940)* (London: Smith-Gordon, 1993); Stransky, "Aus einem Gelehrtenleben," 502. See also Wagner-Jauregg's autobiography, Julius Wagner-Jauregg, *Lebenserinnerungen*, ed. Leopold Schönbauer and Marlene Jantsch (Vienna: Springer, 1950).

After habilitating as university teacher (*Privatdozent*) with a dissertation on *dementia praecox* in 1908, Stransky remained at Wagner-Jauregg's clinic.¹⁹ With the habilitation went along the advancement to the position of a leading assistant (*dienstführender Assistent*), so that Stransky was now in charge of the men's mental ward, while his same-aged colleague Otto Pötzl (1877-1962) was responsible of the women's ward.²⁰ Around the same time, Stransky had already started to establish himself as a psychiatric expert beyond the university clinic. From 1906 on, he served as a regular expert witness for the regional criminal court, and from 1911 on as neurological expert for the cooperative health insurances (*Verband der Genossenschaftskrankenkassen*).²¹ He would continue his activity as a forensic expert witness throughout his life, taking part in some important and spectacular cases.²²

At the beginning of the First World War, Stransky – now thirty-seven years old and a reserve officer since his time as a one-year volunteer – was immediately assigned to military service. After buying himself a Browning pistol, he left his bachelor flat to his servant and his testament to his brother, and joined the XI. (East-Galician) Corps in Lemberg (Lviv) on the day of mobilization.²³ For the following year, he served as an army physician on the Eastern front, eventually becoming chief physician of the 55th infantry regiment.²⁴ Few parts of his memoirs are as detailed as the extensive account of his sometimes dramatic war experiences, for which he was awarded the Knight's Cross of the Order of Franz Joseph.²⁵ Yet, his time at the front line ended in early 1915, when he was notified that his appointment as an associate professor (*außerordentlicher Professor*), for which Wagner-Jauregg had already proposed him before the war, had finally been signed by Emperor Franz Joseph I.²⁶

The appointment as extraordinary professor was a high point in his academic career, and it allowed him to leave the front line. Soon after his return to Vienna, he received a new military

¹⁹ Angetter, "Erwin Stransky: Mitbegründer der modernen Schizophrenielehre"; Erwin Stransky, *Über die Dementia Praecox: Streifzüge durch Klinik und Psychopathologie*, Grenzfragen der Nerven- und Seelenlebens (Wiesbaden: Bergmann, 1909).

²⁰ Stransky, "Aus einem Gelehrtenleben," 307.

²¹ Ibid., 265; Angetter, "Erwin Stransky: Mitbegründer der modernen Schizophrenielehre".

²² Stransky, "Aus einem Gelehrtenleben," 265-66.

²³ Ibid., 354-61.

²⁴ Ibid., 426.

²⁵ Ibid., 443. The memoirs largely follow Stransky's notes in his war diary, see ÖNB HANNA, Cod. Ser. n. 24125-24128.

²⁶ Ibid., 352, 437.

assignment as psychiatric expert for the military courts of the Vienna division.²⁷ One of his first cases was the trial for high treason against the Czech political leader Karel Kramář, who in 1919 would become the first prime minister of Czechoslovakia.²⁸ Apart from some other spectacular trials, the largest part of the daily routine of the military court was made up by cases of simulation, insubordination and desertion.²⁹ Although he had already encountered some cases of “war neuroses” – or *Kriegsknall*, as he would call it – during his frontline service, it was in the context of the military court that he began a scientific involvement with this exemplary psychiatric symptom of the First World War.³⁰ From the beginning, Stransky was a proponent of what has later been called the “psychogenic etiology” of war neuroses; contending that the often severe symptoms of “shell-shocked” soldiers were “deeply grounded in human wishes and desires,” and not caused by physical trauma.³¹ With this position, he also took part in the discussions on the momentous conference of German psychiatrists in Munich in 1916. Notably, his participation as an Austrian psychiatrist was not without problems. Stransky recounted that a number of German psychiatrists argued that psychiatry, even unlike neurology, was involved with “official matters” and thus objected to the presence of the non-German participant.³²

The next important caesura in Stransky’s life was a political one: With the end of the war came the end of the Habsburg Empire. The political order in which Stransky had lived his entire life fell apart, and so did the specific cultural and social fabric of “Kakania.” In only a few weeks in October 1918, the Hungarians, Poles, Romanians, Czechs, Slovaks, Croatians, Serbs, Bosnians and Slovenians left the former Empire, which was now reduced to its German-Austrian core with Vienna as its capital and proverbial *Wasserkopf* (“hydrocephalus”). On 11 November 1918, the last emperor, Karl I, resigned from the throne. On the following day, the national assembly proclaimed the Republic of German-Austria and revoked all privileges of the former emperor and the aristocracy. After more than four hundred years, the Habsburg Empire had collapsed and ceased to exist in only a few days. In Vienna and Budapest in particular, the rapid political transformation went along with a social revolution. Workers’ and soldiers’

²⁷ Ibid., 442.

²⁸ Ibid., 451.

²⁹ He later published an extensive report of his activities in the Vienna medical weekly, see Erwin Stransky, “Kriegspsychiatrie und Kriegsgerichtsbarkeit,” *Wiener Medizinische Wochenschrift* 69, no. 28 (1919).

³⁰ Stransky, “Aus einem Gelehrtenleben,” 382.

³¹ Ibid., 453.

³² Ibid., 473-74.

councils were formed and mass demonstrations were held, occasionally culminating in violent clashes with government troops.³³

Although the transition from the Austro-Hungarian Empire to the First Republic was accompanied by some turmoil, the events of the immediate post-war period were far less violent in Austria than in Germany. Even a steadfast conservative like Stransky saw no need to dramatize the situation and noted that the socialist upheaval had, by and large, happened in “an orderly manner.”³⁴ As a German nationalist he did not have many tears to shed for the Habsburg monarchy. If anything, he could hope that its dissolution and the creation of German-Austria would bring Austria closer to Germany than it had been before.

In the midst of the upheaval, Stransky had a little role to play: As he later recounted in his memoirs, when a revolutionary mob formed in front of the parliament building, he had intervened and confronted the crowd, still wearing his full officer’s uniform. With a “pithily speech,” he claimed, he had been able to convince the crowd of how senseless and undemocratic their actions truly were, and soon had gotten the people on his side. What had enabled him to do this, was that he was a “psychological authority.”³⁵ With its implicit translation of psychiatric authority into political authority, and the identification of the “hysterical” crowd and the “hysterical” patient, this small anecdote encapsulates the main themes of a broader psychiatric discourse on the events of 1918/19. Moreover, the idea of a “natural authority” of the psychiatrist that was introduced here would play an important role in Stransky’s further work. It was a leitmotif not only for his first writings on “applied psychiatry,” but also for his approach to psychotherapy and to mental hygiene. Many decades later, he would return to this episode as an illustration for the kind of *auctoritas* that a physician had to apply in SAR psychotherapy.³⁶

³³ Wolfgang Maderthaner, "Die eigenartige Größe der Beschränkung: Österreichs Revolution im mitteleuropäischen Spannungsfeld," in... *der Rest ist Österreich: Das Werden der Republik*, ed. Helmut Konrad and Wolfgang Maderthaner (Vienna: Carl Gerold's Sohn, 2008).

³⁴ Stransky, "Aus einem Gelehrtenleben," 484. As Maderthaner and Musner have shown, in Vienna, an experience of the “mass” comparable to that of the German revolution of 1918/19 was not made then, but only after the riots of July 1927, see Wolfgang Maderthaner and Lutz Musner, "Der Aufstand der Massen - Phänomen und Diskurs im Wien der Zwischenkriegszeit," in *Stadt. Masse. Raum: Wiener Studien zur Archäologie des Popularen*, ed. Roman Horak, et al. (Vienna: Turia + Kant, 2001).

³⁵ Stransky, "Aus einem Gelehrtenleben," 484.

³⁶ Erwin Stransky, "Menschenbehandlung und Menschenführung aus ärztlicher Schau," in *Menschenführung im Blickfeld der Pädagogik und Psychohygiene*, ed. Ludwig Hänsel, Karl Dienelt, and Erwin Stransky (Vienna and Munich: Österreichischer Bundesverlag für Unterricht, Wissenschaft und Kunst, 1960), 110.

With the political transformation of Austria came the politicization of many aspects of everyday life. Like many others, Stransky, who despite his pronounced political views had not engaged in public politics before, became involved both in the politics of the medical profession and in party politics soon after the end of the war. In particular, the economic consequences of the lost war and the dramatically increasing inflation triggered the establishment of professional associations. Stransky became active in the Physicians' Economic Organization (*Wirtschaftliche Organisation der Ärzte*) – the first step to a life-long involvement that would eventually lead him to the highest positions in medical professional associations both in Vienna and on a national level.³⁷ Around the same time, he would also start to participate in political events and became involved in a political party:³⁸ In late 1918, he joined the newly founded National Democratic Party (*Nationaldemokratische Partei*), whose program he considered to be “quite likeable.” In particular, Stransky somewhat naively assumed that the party did not have an anti-Semitic edge, and thought that a passage of the program defining Jews as a “separate people,” as opposed to Germans, could only refer to Zionist “national Jews.” For a short period, he eagerly participated and spoke on party meetings. Yet, when invited as main speaker for a local event, he notified the organizers in advance that he was a “non-Aryan” and, as a result, was disinvited. Disillusioned, he abandoned the party after only a few days as a member and never joined any political party again.³⁹ Despite the profound disappointment, this experience did not alienate Stransky from his German-nationalist views. On the contrary: In early 1919, just after the signing of the treaties of Versailles and St. Germain, he published *Der Deutschenhaß*, a book-length study on the alleged hatred against the Germans in Europe.⁴⁰ It was not only his most explicitly political publication, but also a first attempt to actually apply the program of applied psychiatry to a political and social topic (on which later more).

While Stransky continued to be a highly productive and versatile researcher and writer throughout the 1920s, his academic career during this period was less successful than he had

³⁷ Stransky, "Aus einem Gelehrtenleben," 493.

³⁸ Ibid., 494. For an example of Stransky's political activity during this period, see also Stransky, "Großdeutschland und die Ärzteschaft."

³⁹ Stransky, "Aus einem Gelehrtenleben," 496-98. For a general overview of the formation of German nationalist parties after 1918, see also Kurt Bauer, "Heil Deutschösterreich! Das deutschnationale Lager zu Beginn der Ersten Republik," in... *der Rest ist Österreich: Das Werden der Republik*, ed. Helmut Konrad and Wolfgang Maderthaner (Vienna: Carl Gerold's Sohn, 2008).

⁴⁰ Erwin Stransky, *Der Deutschenhaß* (Vienna and Leipzig: Franz Deuticke, 1919).

initially hoped: Despite repeated applications, he did not reach the uppermost step of the academic ladder – the prestigious position of a full professor. Throughout his life, the fact that he was not given a chair during the interwar period was a source of keen disappointment and frustration.⁴¹ A particularly painful setback occurred in 1928, when Stransky was not appointed as successor of Otto Pötzl at the German University of Prague. Stransky had aspired to receive this position and was deeply frustrated by the rejection. Pötzl for his part had left Prague to accept the former chair of Wagner-Jauregg in Vienna, a position that included the directorship of the psychiatric university clinic, so that Pötzl also became Stransky's superior there. In his memoirs, Stransky suspected that it had been the prevalent racial anti-Semitism among the faculty of the German University of Prague that had prevented him from being appointed.⁴² This assumption certainly goes together with the general historical facts. The situation in Austria was not very different: After the end of the multi-ethnic Habsburg Empire, racial anti-Semitism was on the rise, being particularly virulent within the universities. Throughout the interwar period, it was an important obstacle for the academic careers of scientists of Jewish origin, regardless of assimilation and conversion.⁴³

More recently, the Austrian social philosopher Norbert Leser (1933-2014) has proposed another, more colorful and distinctly more Viennese explanation for the stagnation of Stransky's career:⁴⁴ In 1927, few events aroused the attention of the Viennese public as the Grosavescu trial did. Nelly Grosavescu stood accused of murdering her husband, the famous Romanian opera singer Trajan Grosavescu. For several days in June 1927, the accounts of the sensational trial filled the front pages of the major Vienna newspapers and tabloids.⁴⁵ Erwin Stransky did not participate in this high-profile case in his usual function as a forensic expert, but had to testify as common witness on 23 June. So did also his wife, Josefine Stransky, whom he had married in 1919. She was almost twenty-three years younger, his former secretary, and had

⁴¹ Stransky, "Aus einem Gelehrtenleben," 543. See also Erwin Stransky, "Curriculum Vitae," (Autographensammlung, Josephinum Wien, no. 2064), 3.

⁴² Stransky, "Aus einem Gelehrtenleben," 541-42.

⁴³ Johannes Feichtinger, "Kulturelle Marginalität und wissenschaftliche Kreativität: Jüdische Intellektuelle im Österreich der Zwischenkriegszeit," in *Das Gewebe der Kultur: Kulturwissenschaftliche Analysen zur Geschichte und Identität Österreichs in der Moderne*, ed. Johannes Feichtinger and Peter Stachel (Innsbruck, Vienna, and Munich: Studien Verlag, 2001), esp. 317-21.

⁴⁴ Norbert Leser, *Skurille Begegnungen: Mosaik zur österreichischen Geistesgeschichte* (Vienna et al.: Böhlau, 2011), 105-14.

⁴⁵ See, for example, "Die Ehe tragödie Grosavescu: Frau Grosavescu verteidigt sich vor den Geschworenen," *Die Neue Zeitung*, 23 June 1927.

started a relatively successful career as an opera singer after the marriage.⁴⁶ In the 1920s, the two couples Grosavescu and Stransky became close friends, meeting both at social events and privately. Yet, Nelly Grosavescu grew convinced that her husband had an affair with Josefine Stransky, and shot the “prince of the Vienna opera” in a fit of jealousy.⁴⁷ After several days of court hearings, she was declared not liable due to mental issues.

Erwin Stransky was deeply concerned about the impact that the scandal might have on his academic career and his reputation as a practicing physician. After all, the defending lawyer of Nelly Grosavescu, Heinrich Steger (1854-1929), had personally blamed Stransky for not having recognized the pathological traits of his client’s personality earlier, arguing that, as a psychiatrist, he should have been able to do so.⁴⁸ To Stransky, who had always been touchy in matters of personal honor, seeing his medical authority publicly questioned in this way was a grave personal insult; even more so as he himself had emphatically stated that “there is no other human being, no other physician, no one, whose work would allow him such deep insights into the deepest psychic matters of life [...] than the psychiatrist!”⁴⁹ In the nineteenth, or earlier in the twentieth century, a constellation like this might easily have culminated in a duel. Stransky found another way to defend his honor: In June 1927, he appealed to both the medical chamber and the medical faculty, demanding that disciplinary procedures against himself be initiated. After both Stransky and Steger had defended their positions in front of the rectorate of the University of Vienna, it was unanimously ruled that no breach of professional conduct had occurred, thereby clearing Stransky’s name.⁵⁰

Nobert Leser claims that the Grosavescu scandal seriously damaged the good reputation of Erwin and Josefine Stransky and prevented him from becoming a full professor. This is probably an exaggeration – it is not backed by any archival evidence, and there is good reason to assume that other reasons were at least as important. Nonetheless, the episode had caused quite a stir, and rumors continued to linger long after the case was closed. When the Swiss psychiatrist Max Müller (1894-1980) met Stransky in the mid-1930s, the Grosavescu murder

⁴⁶ Stransky, “Aus einem Gelehrtenleben,” 486-90.

⁴⁷ This title is used on a memorial plaque at the Grosavescus’ former house in Vienna’s Lerchenfelder Straße.

⁴⁸ This speech was later published, see Heinrich Steger, *Verteidigungsrede im Prozesse gegen Frau Nelly Grosavescu wegen Verbrechens des Gattenmordes, gehalten am 25. Juni 1927 vor dem Wiener Schwurgerichtshofe* (Vienna and Leipzig: Moritz Perles, 1927), 38-39.

⁴⁹ Stransky, “Angewandte Psychiatrie,” 23.

⁵⁰ UAW, S 185.379

was still talked about, on the quiet and with an interesting twist: “One still whispered about the huge scandal, when his wife had shot her lover, a tenor at the Vienna opera, on stage. It is said that Stransky had stuck by her through thick and thin, in a most gallant way.”⁵¹ Notably, Stransky did not make any explicit mention of this noteworthy episode in his memoirs.

Despite the fact that he did not receive the desired *Lehrkanzel* of a full professor, Stransky’s career did not stagnate during the interwar period. After having become engaged in professional organizations for the first time immediately after the war, he now advanced to leading positions in the association of medical specialists in Vienna (*Wiener Fachärzterverband*).⁵² As psychiatric expert for the Vienna Workers’ Health Insurance Fund (*Arbeiter-Krankenversicherungskasse Wien*), he was responsible for an outpatient clinic that covered large parts of Vienna, parts of Lower Austria, and the cases referred to the Vienna central office of the insurance. In 1930 alone, the clinic was frequented by a total of 2.234 patients.⁵³

At the same time, Stransky was a highly respected scholar in his field, and did receive some important academic honors. The most prestigious one was certainly the honorary membership in the American Psychiatric Association (APA), which Stransky received as the first Austrian physician in 1933.⁵⁴ Two North American psychiatrists, I. V. May (Boston) and Clarence B. Farrar (Toronto), had noticed Stransky’s earlier writings on *dementia praecox* and decided to propose him for an honorary membership in the APA. This award introduced Stransky to some American networks, and he would enter in a lasting and friendly correspondence with both Farrar and, until his death in 1947, May.⁵⁵ With Farrar being the editor, Stransky could also publish a number of articles in the prestigious *American Journal of Psychiatry*.⁵⁶ Most notably, he used this possibility to advertise “applied psychopathology” to an American professional audience in 1936.⁵⁷

⁵¹ Müller, *Erinnerungen*, 145.

⁵² Stransky, "Aus einem Gelehrtenleben," 547. For an overview of the issues that occupied Stransky in this position, and his struggle with his appointment, see Erwin Stransky, "Der Fachärzterverband und die Kliniker," *Wiener Klinische Wochenschrift* 38, no. 46 (1925).

⁵³ Erwin Stransky, "Zur nervösen und psychischen Morbität der städtischen Hausgehilfinnen," *Wiener Klinische Wochenschrift* 44, no. 47 (1931): 1460.

⁵⁴ Angetter, "Erwin Stransky: Mitbegründer der modernen Schizophrenielehre".

⁵⁵ Stransky, "Aus einem Gelehrtenleben," 511-12. See also ÖNB HANNA Cod. Ser. n. 24152.

⁵⁶ Aldwyn Stokes, "In Memoriam: Clarence B. Farrar (1874-1970)," *American Journal of Psychiatry* 127(1970).

⁵⁷ Erwin Stransky, "Remarks Concerning the Development of Applied Psychopathology," *American Journal of Psychiatry* 92(1936).

Meanwhile, the rise of the Nazis in Germany created an increasingly difficult environment for Stransky in Europe, even before the annexation of Austria in 1938. Unlike other colleagues of Jewish origin who emigrated from Austria to Palestine, the United States and other destinations, he had long underestimated the dangers and hoped that his conversion to Protestantism and his well-known German-nationalist views would put him in an entirely different category. Even as late as 1937, he still participated in German academic life. He published an article on “race and psychotherapy” in the *Zentralblatt für Psychotherapie*, then edited by the psychotherapist Matthias Heinrich Göring – a cousin of Hermann Göring.⁵⁸ In keeping with views expounded a few years earlier by Carl G. Jung, he maintained that ethno-psychological differences between racially defined Jews and Aryans affected the relation between psychotherapists and patients. This was a matter of utmost personal importance to Stransky, who as a therapist treated both Jewish and non-Jewish patients. The problem was exacerbated by the underlying assumptions of “SAR” psychotherapy: How could the crucial “subordination-authority-relation” be created between a Jewish therapist and a non-Jewish patient when it would mean a reversal of the hierarchy imposed by the current racial politics? Due to the topic and the context of the publication, Stransky felt that he could not conceal his origin. In the introduction, he stressed that he had always felt German in terms of “language, culture, sentiments, sense of community, and *Weltanschauung*,” but:

[...] that I am, not in the religious-denominational sense used in former times, but following the anthropological definition that is predominantly used today, a Jew, and in fact a full-blood Jew (*Vollblutjude*) (as far as the family is concerned, originating from the Sudetenland; by birth and home of Viennese belonging and character).⁵⁹

In the same year, he was part of the Austrian delegation at the conference of German psychiatrists in Munich. As an expert on schizophrenia, he was asked by his Austrian colleagues to participate in a discussion. In his memoirs, Stransky noted that he had not only gone up to

⁵⁸ Erwin Stransky, “Rasse und Psychotherapie,” *Zentralblatt für Psychotherapie* 10(1937). See also Stransky, “Aus einem Gelehrtenleben,” 559; Regine Lockot, *Erinnern und Durcharbeiten: Zur Geschichte der Psychoanalyse und Psychotherapie im Nationalsozialismus* (Gießen: Psychosozial-Verlag, 2002), 179-82; Geoffrey Cocks, *Psychotherapy in the Third Reich: The Göring Institute*, 2nd ed. (New Brunswick and London: Transaction, 1997); Alfred Springer, “Die Verwirklichung der ‘geeinten deutschen Seelenkunde’ im Nationalsozialistischen Österreich: Ideengeschichtliche Aspekte,” in *Gründe der Seele: Die Wiener Psychiatrie im 20. Jahrhundert*, ed. Brigitta Keintzel (Wien: Picus, 1999), 112-21.

⁵⁹ Stransky, “Rasse und Psychotherapie,” 10.

speaker's desk without the usual Nazi salute, but had also reminded the audience that he had some inhibitions to participate in the conference under the given circumstances, a statement for which he received "rapturous applause."⁶⁰ He left Munich with positive feelings and, back in Vienna, would defend Nazi Germany against the "unjust" criticism by his wife and others – another telling example of his long underestimation of Nazi anti-Semitism.⁶¹

Consequently, the events after the *Anschluss* of Austria, merely half a year after the Munich conference, came to Stransky as a profound shock. His initial reaction to the German ultimatum and the annexation had been mixed; after the dismissal of chancellor Kurt Schuschnigg he spent the night from 11 to 12 March on the streets with the masses, torn between nationalist exultation and diffuse fears over his own future.⁶² The first disappointment came as early as the next morning, when Stransky found out that, as a Jew, he would not be allowed to participate in the referendum due to take place 10 April. Scandalized that he, unlike the "gypsies, Mongolians, and negroes," would not be permitted to vote, Stransky wrote a petition to *Reichsstatthalter* Arthur Seyß-Inquart. He stressed that he had actively and publicly campaigned for pan-German nationalism and even sympathized with National Socialism. His wife Josefine Stransky added in a subsequent letter that he had personally aided National Socialists who were being persecuted under Schuschnigg.⁶³ Nonetheless, the request was rejected.⁶⁴ Henceforth, the deprivations followed in quick succession: First he was forced to retire from his positions as a forensic expert witness and as an expert for the health insurance. Soon after, he had to give up his professorship and all his other academic functions.⁶⁵ Stransky shared this fate with the majority of his colleagues: After 1938, at least 173 professors and lecturers at the Vienna medical faculty – 53% of the academic staff – were deposed from office.⁶⁶

⁶⁰ Stransky, "Aus einem Gelehrtenleben," 559-60.

⁶¹ Ibid., 560.

⁶² Ibid., 617.

⁶³ Rathkolb et al., "Forschungsprojektendbericht: Straßennamen Wiens seit 1860 als 'Politische Erinnerungsorte'," 230.

⁶⁴ Stransky, "Aus einem Gelehrtenleben," 619.

⁶⁵ Ibid., 621-22; Angetter, "Erwin Stransky: Mitbegründer der modernen Schizophrenielehre".

⁶⁶ Kurt Mühlberger, *Vertriebene Intelligenz 1938: Der Verlust geistiger und menschlicher Potenz an der Universität Wien von 1938 bis 1945*, 2. ed. (Vienna: Archiv der Universität Wien, 1993), 9. Michael Hubenstorf provides even higher numbers, according to which 77.5% (153 of 197) university teachers of the Vienna medical faculty were ousted, see Michael Hubenstorf, "Kontinuität und Bruch in der Medizingeschichte," in *Kontinuität und Bruch 1938 - 1945 - 1955: Beiträge zur österreichischen Kultur- und Wissenschaftsgeschichte*, ed. Friedrich Stadler (Münster: LIT, 2004), 312-13.

Around the same time, a conference of the International Society for Psychotherapy in Oxford, to which Stransky was invited as an honorary guest of the organizing board, promised a last chance for emigration. After some inquiries, he was notified by the Nazi authorities that he would be allowed to leave the country, but not to return. Still underestimating the situation, Stransky decided to pass on the invitation, a decision he would later regret. Shortly afterwards, his passport was withdrawn by the *Gestapo*.⁶⁷ The situation aggravated again on 30 September 1938, when the *Ärzteverordnung* revoked Jewish physicians' right to treat non-Jewish patients, thus abolishing the foundation of Stransky's economic existence.⁶⁸ Meanwhile, Josefine Stransky lost her permission to perform as an artist, due to her marriage with a Jew.⁶⁹ Erwin Stransky would not yet give up the hope to leave Europe.⁷⁰ The invitation for the conference of the American Psychiatric Association in late 1939, where Stransky should have led a roundtable, reached him too late, probably due to the disturbances in the transatlantic postal system after the beginning of the war. Around the same time, he also tried to ameliorate his situation by petitioning for the legal status of a half-Jew (*Mischling*), and by volunteering for a position as an army physician in the Wehrmacht. Both attempts failed.⁷¹

The next years would be characterized by social and economic discriminations and hardships, and by the constant fear of deportation, later also by the fear of air raids. During this time, Stransky was only protected by the fact that he was married to an "Aryan." The marriage offered no protection against the countless forms of social, legal, and economical discrimination, but ultimately saved him from being deported and murdered.⁷² Yet, even as deportations were concerned, the marriage was no absolute protection, and from his own perspective in particular, Stransky had every reason to feel threatened. In 1941, he closely evaded the rehousing of the

⁶⁷ Stransky, "Aus einem Gelehrtenleben," 622-23. See also UAW, Med. Fak. PA 509.

⁶⁸ Ibid., 625.

⁶⁹ Ibid., 640.

⁷⁰ Ibid., 627.

⁷¹ See a letter by Erwin Stransky to Mathias Heinrich Göring (19 June 1940), quoted in full length in Locket, *Erinnern und Durcharbeiten*, 179-82.

⁷² On the legal regulations and definitions, and the debate on the possible deportation and annihilation of Jews living in "mixed marriages" (*Mischehen*), see Raul Hilberg, *Die Vernichtung der europäischen Juden: Die Gesamtgeschichte des Holocaust*, trans. Christian Seeger, et al. (Berlin: Olle & Wolter, 1982), 300-02. On their every-day life in Vienna, see Michaela Raggam-Blesch, "'Mischlinge' und 'Geltungsjuden.' Alltag und Verfolgungserfahrungen von Männern und Frauen halbjüdischer Herkunft in Wien 1938-1945," in *Alltag im Holocaust: Jüdisches Leben im Großdeutschen Reich 1941-1945*, ed. Andrea Löw, Doris L. Bergen, and Anna Hájková (Munich: Oldenbourg, 2013), 83-85. Kreuter's encyclopedia erroneously states that Stransky emigrated, see Alma Kreuter, *Deutschsprachige Neurologen und Psychiater: Ein biographisch-bibliographisches Lexikon von den Vorläufern bis zur Mitte des 20. Jahrhunderts*, 3 vols. (Munich: K. G. Saur, 1996), 1433.

remaining Jews of Vienna to the traditionally Jewish 2. District (Leopoldstadt), but was forced to wear the infamous yellow patch from then on.⁷³ When informed about an impending deportation, he attempted suicide and survived only because the barbiturate turned out to be ineffective.⁷⁴

In Vienna, the Second World War came to an end when Soviet troops, after some days of intense house-to-house fighting, conquered the city in April 1945. Stransky's medical activity restarted almost immediately after the arrival of the Soviets in his Josefstadt neighborhood. In his memoirs, he remembered that he was awoken early in the morning by someone violently ringing his doorbell. It was the concierge of the building next door, asking him to help a sick child in his house:

I answered that I would like to help, even though I was not a pediatrician, but that as a 'Jew,' as he well knew, I was not allowed to practice medicine. The man said: 'That's not in force anymore, *Herr Professor*, the Russians are already here.'⁷⁵

Shortly after this episode, his academic and professional rights were quickly restored: In mid-April 1945, his medical license was formally reinstated by a newly founded, provisory medical chamber (*Ärztchamber*). Little later, he was reappointed at the Medical Faculty of the University of Vienna, finally as a full professor, only to become an emeritus next year. Furthermore, he could also begin again to work as an expert witness for the criminal court. In this function, he participated in the trial against Ernst Illing (1904-1946) and other physicians who had been involved in the "euthanasia" murders of children at the Steinhof asylum.⁷⁶

⁷³ Stransky, "Aus einem Gelehrtenleben," 652-53.

⁷⁴ Ibid., 660.

⁷⁵ Ibid., 680.

⁷⁶ Ibid., 687-89. Ernst Illing was found guilty, and executed on 23 November 1946, Marianne Türk was sentenced to ten years, in 1949/50, the prosecution dropped the charges against seven other Steinhof physicians, see Winfried R. Garscha, "Euthanasie-Prozesse seit 1945 in Österreich und Deutschland," in *Medizin im Nationalsozialismus - Wege der Aufarbeitung*, ed. Sonia Horn and Peter Malina, *Wiener Gespräche zur Sozialgeschichte der Medizin* (Vienna: ÖÄK Verlag, 2001), 50-51. For an overview of the history of "euthanasia" murders at the Steinhof asylum, see Susanne Mende, *Die Wiener Heil- und Pflegeanstalt "Am Steinhof" im Nationalsozialismus* (Frankfurt am Main et al.: Peter Lang, 2000).

Neither the experience of Nazi rule nor his participation in the Steinhof trials could unsettle Stransky's firm belief in the necessity of eugenic interventions. In an English-language lecture on mental hygiene for American students in Vienna in 1951, he stated:

Ladies and Gentlemen, I hope you aren't annoyed about the abuse of science by the Hitler regime, you mustn't forget that we couldn't help it. The science of eugenics has been badly abused, but nevertheless we must clean it from every dirt and in spite of all think the best of it. It means in first place the protection of the best and healthiest and their descendants.⁷⁷

Another important step in Stransky's resumption of his interrupted career at the age of sixty-eight was his appointment as director of the Rosenhügel sanatorium on 14 May 1945.⁷⁸ The buildings of this institution, situated in the western outskirts of Vienna, had been used as a military hospital by the Wehrmacht during the war and had been heavily damaged by an air raid and the battle in April. Stransky's first task was to organize the physical and institutional reconstruction. In the years to follow and under his directorship, the Rosenhügel asylum would become one of the centers of Viennese neurology and psychiatry.⁷⁹

He retired at the age of seventy-four in 1951, but remained active in a number of organizations, nationally and internationally, and continued to publish on a variety of psychiatric topics. Until his death in January 1962, the question of mental hygiene continued to play a major role in his work; following the tradition of the 1931 *Leitfaden*, he published another much-noticed book on mental hygiene in 1955.⁸⁰ At the same time, and in keeping with the *zeitgeist*, he also began to lobby for the implementation of mental hygiene for the preservation of world peace. As he

⁷⁷ Erwin Stransky, "About Mental Hygiene," unpublished script for a lecture on mental hygiene, 1951, ÖNB HANNA Cod. Ser. 24072, 5.

⁷⁸ For the history of the Rosenhügel sanatorium, which was founded in 1912 after a testamentary donation by Nathaniel Freiherr von Rothschild, see Gottfried Roth and Ruth Koblizek, "Die Geschichte der Nervenheilanstalt Rosenhügel," in *50 Jahre Schlaganfallzentrum Rosenhügel - 90 Jahre Nathaniel Freiherr von Rothschild'sche Stiftung für Nervenkrankte in Wien*, ed. Ruth Koblizek and Gernot Schnaberth (Vienna: Eigenverlag Verein MEMO, 2002).

⁷⁹ Stransky, "Aus einem Gelehrtenleben," 691; Angetter, "Erwin Stransky: Mitbegründer der modernen Schizophrenielehre"; Gernot Schnaberth, "Das neurologische Krankenhaus Rosenhügel seit dem Ende des Zweiten Weltkriegs," in *50 Jahre Schlaganfallzentrum Rosenhügel - 90 Jahre Nathaniel Freiherr von Rothschild'sche Stiftung für Nervenkrankte in Wien*, ed. Ruth Koblizek and Gernot Schnaberth (Vienna: Eigenverlag Verein MEMO, 2002).

⁸⁰ Ernst Brezina and Erwin Stransky, eds., *Psychische Hygiene*, Wiener Beiträge zur Hygiene (Vienna and Bonn: Wilhelm Maudrich, 1955).

had already done in 1918, he proposed psychiatric expertise as the key to better politics: Arguing that the catastrophe of the Second World War could only be understood as a consequence of the destructive influence of “psychopaths,” he now projected the establishment of international committees of psychiatric experts, who would have to screen economic and political leaders for mental abnormalities, thus preventing the outbreak of further wars.⁸¹

Erwin Stransky died on 26 January 1962 at the age of eighty-five. He was buried in a honorary grave on the vast Central Cemetery of Vienna; letters and telegrams of condolence were sent by leading medical men and politicians, including the mayor of Vienna, Franz Jonas (1899-1974), and federal president Adolf Schärf (1890-1965).⁸² Extensive obituaries appeared in local medical journals as well as in the *American Journal of Psychiatry*. His marriage to Josefine Stransky, who survived her husband by 16 years, left no children.

BETWEEN PAN-GERMAN NATIONALISM AND JEWISHNESS

As mentioned earlier, and as has become apparent in this sketch of Stransky’s biography, the issue of Jewishness and German nationalism runs through his biography as a common thread. With regard to the socio-political dimension of Stransky’s works and his complicated relation with psychoanalysis, but also out of a more general concern with this particular example of a conflicting cultural and political identity in twentieth-century Vienna, it will be worthwhile to expand on this subject.

From the beginning of his memoirs, Stransky went to great length to present himself as a fully assimilated Jew, who did not fit any of the anti-Semitic clichés. He claimed to have grown up without any contact to the Jewish tradition due to his father’s anti-religious views. As a national liberal who had participated in the 1848 revolution while studying in Prague, his father had vigorously rejected all religious practice as superstitious ritual.⁸³ During his childhood, the family’s Jewishness was neither practiced nor discussed; Stransky even claimed that he had only become aware of being a Jew when he entered school in his home district Leopoldstadt, traditionally the home of a large part of Vienna’s Jewish population. It was the father’s

⁸¹ Erwin Stransky, *Psychopathie und Staatsführung* (Vienna and Innsbruck: Urban & Schwarzenberg, 1952).

⁸² ÖNB HANNA, Cod. Ser. n. 24156.

⁸³ Stransky, "Aus einem Gelehrtenleben," 8.

influence that Stransky saw as the cause for his own and his brothers' eventual conversion to Protestantism, which, at least in his case, clearly was first and foremost driven by the wish to distance himself from his Jewish background.⁸⁴ This was not an exceptional decision in early twentieth-century Austro-Hungary. As being undenominational was not an option, for many non-religious Jews Protestantism was the "next best thing to atheism."⁸⁵ Besides, Norbert Leser has accurately observed that Stransky was less concerned with religion as a source of transcendental truths, than with religion as a force of societal order.⁸⁶

Stransky's negative attitude towards everything Jewish was not only motivated by a liberal rejection of religious rituals; it also shared many elements of common anti-Jewish resentment and even of racial anti-Semitism. Regardless of his repeated criticism of anti-Semitism, he took some of its main categories at face value and showed no hesitation when it came to categorizing the people in his environment as "Jews" or "Aryans." Consequently, adopting the Protestant creed alone was not enough to become a "non-Jewish Jew." Although he often stated that he never denied nor concealed his Jewish descent, he still refused to share any "typical Jewish traits" and argued that neither he nor his brothers and sisters would look "Jewish" in any way. He went as far as to speculate about a possible "Aryan" origin of his family, implying that his ancestors might have been Bohemian crypto-Protestants passing themselves as Jews to avoid persecution in the eighteenth century.⁸⁷ The question of what is Jewish runs through Stransky's memoirs in various different forms, and plenty of examples would allow to discuss his troubled and often incoherent relationship with his Jewish origins in extensive detail. The bottom line is that Stransky's position, despite all its occasional inconsistencies and his explicit refusal of this label, showed almost all traits of contemporary anti-Semitism. Certainly, he had a greater willingness for differentiation and allowed the categories to be more permeable than most confirmed anti-Semites would have. Also, there is no reason to question his sincere abhorrence for the Nazi crimes, which touched him, members of his family, friends, and colleagues.⁸⁸ Nonetheless, when defending the "valuable parts of the Jewish race," he almost exclusively

⁸⁴ Ibid.

⁸⁵ See the psychoanalyst Else Pappenheim's (1911-2009) comments on the conversion of her father Martin Pappenheim (1881-1943) in 1908. He was a colleague of Stransky during the 1920s and early 1930s and was head of the Association for Applied Psychopathology and Psychology during this time: Else Pappenheim, *Hölderlin, Feuchtersleben, Freud: Beiträge zur Geschichte der Psychoanalyse, der Psychiatrie und Neurologie*, trans. Wilfried Prantner, Else Pappenheim, and Stephen Frischauf (Graz and Vienna: Nausner & Nausner, 2004), 22-23.

⁸⁶ Leser, *Skurille Begegnungen*, 112.

⁸⁷ Stransky, "Aus einem Gelehrtenleben," 1-7.

⁸⁸ Ibid., 38.

meant those who were fully assimilated, German-minded, and “cultured” – as himself. On the other side of the line, one finds angry rants against the usual anti-Semitic stereotypes – “unscrupulous profiteers,” “shameless journalists,” and “foreign Jews from the East” – whom he would even blame of being partly responsible for the Holocaust by stirring up hatred against all Jews.⁸⁹

The counterpart of Stransky’s anti-Jewish resentment was an equally fervent devotion to almost everything German. Again, he traced the origin of his worldview to his father’s influence, for whom, as an old liberal of 1848, the economically thriving and relatively liberal German Empire of the late nineteenth century was the antithesis of the backwardness and provinciality of Austro-Hungary. Erwin Stransky would largely agree. In this perspective, the conversion to Protestantism was not only a move away from his Jewish origins, but also a move away from predominantly Catholic Austro-Hungary and towards Prussia and Germany. However, Erwin Stransky belonged to another generation than his father, and as Austrian liberalism came under attack from all sides at the end of the nineteenth century, the liberal rejection of religious superstition and the admiration for modern, progressive Prussia were replaced by the more aggressive programs of “politics in a new key,” racial anti-Semitism and pan-German nationalism.⁹⁰

At least from the First World War on, Stransky’s devotion to Germany had distinctly chauvinist overtones. As was typical for the kind of German nationalism prevalent among members of an educated middle class – mainly in Germany, but in Austria as well – Stransky took his pride in a specific notion of “German culture;” a set of rather vague ideas of German literature, philosophy, general culture, and scientific achievements, often simply condensed into the name “Goethe.” Nonetheless, his pronounced German nationalism would not keep him from occasionally criticizing German politics, and Prussia and its emperor Wilhelm II in particular.⁹¹

Yet, there might have been another, tacit, dimension of Stransky’s sympathy for Germany that was closely connected to the early rise of an aggressive popular anti-Semitism in late nineteenth-century Austria. Although Stransky claimed that he had not been personally affected

⁸⁹ Ibid., 616.

⁹⁰ Carl E. Schorske, *Fin-de-Siècle Vienna: Politics and Culture* (New York: Vintage Books, 1981).

⁹¹ Stransky, *Der Deutschenhaß*.

by the rampant anti-Semitism in *fin de siècle* Vienna, he was still very critical of Lueger's anti-Jewish rhetoric and found it to be almost indistinguishable from that of the Nazis.⁹² In comparison with the increasingly anti-Semitic climate in Georg von Schönerer's and Karl Lueger's Vienna, Germany for a long time seemed to offer the prospect of assimilation and social integration of Jews, and of converted and assimilated Jews like Erwin Stransky in particular. This would obviously change with the rise of the Nazis in Germany and with the experience of the *Anschluss*. Thus, from 1938 onwards, Stransky's frequent assertion of his German patriotism did take on another meaning. It may be understood as a defiant response to the denial of the status of a German and to the manifold discriminations and deprivations that he experienced during this period.

INTRODUCING APPLIED PSYCHIATRY

An important point in Stransky's scientific career was the publication of a programmatic article in 1918, shortly before the end of the First World War, in which he proposed a new approach to psychiatric research and practice: This program, initially labelled "applied psychiatry," later renamed "applied psychopathology," would become an important point of reference for his further work. When first devised, applied psychiatry was nothing less than an agenda for the aggressive expansion of psychiatry's expertise into virtually any area of modern life and its transformation into one, if not *the* leading science. Although later reformulations would give the project a more moderate tone, the idea of an extension of psychiatry's expertise and the necessity of socio-medical interventions remained at its very core. Whereas, in the case of "applied psychology", its representatives differentiated between a branch of the discipline aimed at analyzing and explaining cultural and social matters (*Kulturpsychologie*), and another one aimed at the practical application of psychological knowledge in society (*Psychotechnik*), Stransky made no such distinction.⁹³ Explanation and intervention were both integral parts of "applied psychiatry." Depending on the audience and the wider context, the pendulum could easily swing from one pole to the other. While analytical approaches were more important in the interdisciplinary Association for Applied Psychopathology and Psychology during the

⁹² Stransky, "Aus einem Gelehrtenleben," 40, 145.

⁹³ Hugo Münsterberg, *Grundzüge der Psychotechnik* (Leipzig: J.A. Barth, 1914), 6.

interwar period, it was the idea of socio-political intervention that would eventually motivate Stransky to take a lead role in the emerging movement for mental hygiene in the late 1920s.

Unlike mental hygiene, “applied psychopathology” – as it was called from 1920 on – did not develop into a significant trend in Austrian and German psychiatry, and always remained closely connected to the person of Erwin Stransky. Nonetheless, he succeeded in inspiring a group of followers and in creating an Association for Applied Psychopathology and Psychology that would remain active from 1920 until its dissolution following the *Anschluss* in 1938. In his memoirs, Stransky asserted that the groundwork for his later works in “applied psychopathology” and mental hygiene had already been laid during his time as an assistant at Julius Wagner-Jauregg’s clinic as from 1902. He stressed the connection between his later agenda and his experiences in the specific environment of an urban mental clinic, where no unworldly isolation and no “catatonia” could set in. Working with the diverse patients in the clinic, and taking part in urban life – in coffee houses and theatres – at the same time, had convinced him that the understanding of pathological and of normal mental states had to complete each other harmonically.⁹⁴

While I have already introduced some aspects of applied psychiatry in the context of the psychiatric discourses on the events of 1918/19 and psychiatrists’ claim for socio-political expertise during this period, it will now be possible to discuss Stransky’s radical approach in more detail and over a longer time frame. Consequently, this section will not only provide some more details on psychiatric claims for socio-political expertise, but will also ask how these claims would be implemented and to which further developments they would contribute. Here, I start by taking a closer look at the 1918 “manifesto.” I will then move on to the further increasing politicization in the immediate post-war period and the conflict between Arthur Kronfeld and Erwin Stransky on the epistemological legitimacy of “applied psychiatry.” In the subsequent sections, I discuss the attempts to institutionalize the program as an association, and its activities, as the first international conference in 1930.

The notion of applied psychiatry is interesting enough in itself. In its time, Stransky’s agenda was certainly not the first discipline to use the prefix “applied:” Applied mathematics and

⁹⁴ Stransky, “Aus einem Gelehrtenleben,” 248.

applied chemistry were well-established parts of their respective disciplines, and in medicine, Julius Tandler – who little later would become the central figure for “Red Vienna’s” public health and welfare programs – had already introduced “applied anatomy” before the First World War.⁹⁵ But far from only reflecting the increased prestige of the applied sciences and the self-confidence of academic psychiatrists, Stransky’s neologism also entailed a self-positioning in the field of the psy-disciplines on at least three levels, internally in psychiatry, and externally in relation to psychology and psychoanalysis.

First, the notion applied psychiatry implicitly, but unmistakably, entailed the claim that hitherto, psychiatry had not been an applied science. On the one hand, this was a slight against the asylum and the alienist: By claiming in 1918 that psychiatry finally had to become an “applied” science, Erwin Stransky – who considered himself based in the academic research environment of a university clinic – casually questioned whether the custodial care for psychiatric patients in clinics and asylums had even been an application of scientific knowledge. In some sense, this claim was counterfactual: As a part of medical practice, psychiatry had been an “applied” science long before it became an academic discipline in the last third of the nineteenth century.⁹⁶ Furthermore, any distinction between “applied” and “pure” science, as implied in Stransky’s notion, would largely miss the realities of psychiatric research and practice in the early twentieth century.

On the other hand, Stransky’s call for the application of psychiatry could also be understood as an apt self-criticism of psychiatry as a whole, and of academic psychiatry in particular: Despite the important advances in the classification and description of mental illnesses that psychiatry had made in the decades prior to the First World War, psychiatrists were still notoriously unable to effectively heal any of their patients. And while other medical disciplines celebrated their therapeutic accomplishments, psychiatry remained stuck in its “therapeutic nihilism.”⁹⁷ In this perspective, applied psychiatry was part of a “therapeutic departure” after the First World War,

⁹⁵ Tandler sought to reintegrate the findings of academic anatomy into clinical medicine, but also to connect it to theories of constitution and racial hygiene, “Zur Einführung,” *Zeitschrift für angewandte Anatomie und Konstitutionslehre* 1, no. 1 (1913).

⁹⁶ The increasing professionalization and the formation of the scientific discipline have been at the center of most studies on the history of psychiatry in the nineteenth century, see, in particular, Eric J. Engstrom, *Clinical Psychiatry in Imperial Germany* (Ithaca: Cornell University Press, 2003); Blasius, *Einfache Seelenstörung*.

⁹⁷ On therapeutic nihilism as a characteristic of the Vienna medical faculty, see William M. Johnston, *The Austrian Mind: An Intellectual and Social History 1848-1938* (Berkeley et al.: University of California Press, 1972), 223-29.

precipitated by the apparent breakthrough in the mass treatment of “war neuroses.”⁹⁸ However, for “applied psychiatry,” the true “application” of psychiatric knowledge did not consist in the healing of individual patients, but first and foremost in diagnosing and giving therapy to society at large.

Second, Stransky’s idea of psychiatry as an “applied” science was clearly inspired and influenced by the contemporary development of “applied psychology.” Unlike psychiatry, psychology had its origins as an academic discipline not in medical practice, but in philosophy. Although the narrative that psychology had been a “pure” academic science before it began to apply its knowledge has been discarded by more recent research, “applied psychology” as a discrete and relatively independent part of the discipline only emerged at the beginning of the twentieth century.⁹⁹ In 1903, the German psychologist William Stern (1871-1938) published a programmatic article; a journal and an institute were established in the following years.¹⁰⁰ Around the same time, Stern’s colleague Hugo Münsterberg (1863-1916) propagated the implementation of psychological expertise in law, medicine, and philosophy.¹⁰¹

Before the First World War, Münsterberg further developed and refined the concept of *Psychotechnik*, originally introduced by Stern in 1903. Broadly, the term was meant to describe the application of psychological knowledge for the “forward-looking shaping of practical life,” as opposed to the explanatory retrospection of cultural psychology.¹⁰² In this general sense, *Psychotechnik* was an umbrella term for the application of psychology in almost all areas of social life; Münsterberg’s examples included the work of teachers, lawyers, preachers, physicians, business men, fabricants, politicians, scientists, and artists.¹⁰³ After the beginning

⁹⁸ For a broader discussion of different forms of “heroic” therapy in German psychiatry after the First World War, see Schmuhl and Roelcke, “*Heroische Therapien: Die deutsche Psychiatrie im internationalen Vergleich 1918-1945*.”

⁹⁹ Horst Gundlach, “Reine Psychologie, Angewandte Psychologie und die Institutionalisierung der Psychologie,” *Zeitschrift für Psychologie* 212, no. 4 (2004): esp. 195-98; Mitchell G. Ash and Thomas Sturm, “Die Psychologie in praktischen Kontexten: Einleitende Bemerkungen,” *Zeitschrift für Psychologie* 212, no. 4 (2004); Uwe Peter Kanning, “Geschichte der Angewandten und Praktischen Psychologie,” in *Jenseits des Elfenbeinturms: Psychologie als nützliche Wissenschaft*, ed. Uwe Peter Kanning, Lutz von Rosenstiel, and Heinz Schuler (Göttingen: Vandenhoeck & Ruprecht, 2010).

¹⁰⁰ William Stern, “Angewandte Psychologie,” *Beiträge zur Psychologie der Aussage* 1(1903). On Stern see James T. Lamiell, *William Stern (1871-1938): A Brief Introduction to His Life and Works* (Lengerich and Berlin: Pabst Science Publishers, 2010).

¹⁰¹ Gundlach, “Reine Psychologie, Angewandte Psychologie und die Institutionalisierung der Psychologie,” 196.

¹⁰² Münsterberg, *Grundzüge der Psychotechnik*, 6.

¹⁰³ *Ibid.*

of the war, the specific requirements of the military and of wartime industry and economy created an increasing demand for psycho-technological expertise. *Psychotechnik* became widely implemented in the examination of army conscripts, and in the Taylorist rationalization of economic and industrial processes.¹⁰⁴ These efforts continued to flourish after 1918; during the interwar period, the notion of *Psychotechnik* was predominantly used to describe psychological expertise for industrial rationalization at the workplace.¹⁰⁵

Generally speaking, “applied psychology” shared some of the expansionist traits that characterized “applied psychiatry,” and *Psychotechnik* in particular offered an outstanding example for the successful implementation of psychological expertise in different areas of social and economic life. While Stransky made no reference to Stern or Münsterberg, he most probably had their approaches in mind when devising and naming his own project. Somewhat later, the Association for Applied Psychopathology and Psychology, founded by Stransky, Bernhard Dattner, Gaston Roffenstein, and others in 1920, explicitly included “applied psychology” in its name.

Third, the denomination of Stransky’s project also reflected the competition between applied psychiatry and psychoanalysis. Situated between general psychology and medical psychopathology, Sigmund Freud and his followers had envisioned psychoanalysis as an “applied” science from the beginning on. Even before the First World War, psychoanalysts were interested in the relation between individual neuroses and society, and in the possibility of using their diagnostic categories to understand cultural, social, and political phenomena in history and in the present. They would also use the loosely defined notion “applied psychoanalysis,” referring, however, mostly to the use of psychoanalytical methods of interpretation to works of literature – a genre closely related to the contemporary psychiatric

¹⁰⁴ Siegfried Jaeger, "Zur Herausbildung von Praxisfeldern der Psychologie bis 1933," in *Geschichte der deutschen Psychologie im 20. Jahrhundert: Ein Überblick*, ed. Mitchell G. Ash and Ulfried Geuter (Opladen: Westdeutscher Verlag, 1985), 96-103; Ulfried Geuter, "Polemos panton pater - Militär und Psychologie im Deutschen Reich 1914-1945," in *Geschichte der deutschen Psychologie im 20. Jahrhundert: Ein Überblick*, ed. Mitchell G. Ash and Ulfried Geuter (Opladen: Westdeutscher Verlag, 1985), 147-49.

¹⁰⁵ See, for example, Katja Patzel-Mattern, "'Dispositionen des Individuums' im Produktionsprozess: Die industrielle Psychotechnik der Weimarer Republik zwischen Selbstbehauptung, Unternehmererwartungen und Arbeiterinteressen," in *Das Selbst zwischen Anpassung und Befreiung: Psychowissen und Politik im 20. Jahrhundert*, ed. Maik Tändler and Uffa Jensen (Göttingen: Wallstein, 2012).

“pathographies.”¹⁰⁶ Freud believed that “applied psychoanalysis” could play an important strategic role in the development and acceptance of psychoanalysis, and encouraged its development, although he occasionally criticized the “dilettantism” in this field of study.¹⁰⁷ From 1907 onwards, Freud edited the series *Schriften zur angewandten Seelenkunde* (“Writings on Applied Psychology”). In 1912, Hanns Sachs (1881-1947) and Otto Rank (1884-1939) additionally founded *Imago* as a non-medical journal dedicated to the “application of psychoanalysis on the humanities.”¹⁰⁸ Over the following decades, many leading psychoanalysts – as Karl Abraham (1877-1925), Otto Rank, Ernest Jones (1878-1958), Carl G. Jung (1875-1961), and Freud himself – contributed to these two periodicals. While the psychoanalytic interpretation of literature and culture remained the most frequent theme, studies on socio-political topics and mass psychology became increasingly important during the interwar period. In the long run, Freud’s hopes in “applied psychoanalysis” were not disappointed; some of the studies first published in the *Schriften zur angewandten Seelenkunde* and *Imago* became the foundation of psychoanalysis’ enormous cultural influence in the twentieth century.

MEDICAL IMPERIALISM

As influential developments in the psy-disciplines in the decade before the war, “applied psychology” and “applied psychoanalysis” were both inspiration and competition when Stransky conceived his agenda for applied psychiatry in 1918. On a general level, all three approaches shared the basic premise that scientific knowledge about the human mind could be gained and productively applied in social, cultural and political settings beyond the laboratory, the clinic, or the psychoanalyst’s consulting room. But although Stransky had chosen a similar denomination, applied psychiatry was far more radical and encompassing than its namesakes.

In his characteristically exuberant and metaphorical style, Stransky asserted that psychiatry had the potential to solve almost any problem of society. At the same time, his idea of psychiatry

¹⁰⁶ See Susanne Hilken, Matthias Bormuth, and Michael Schmidt-Degenhardt, “Psychiatrische Anfänge der Pathographie,” in *Kunst und Krankheit: Studien zur Pathographie*, ed. Matthias Bormuth, Klaus Podoll, and Carsten Spitzer (Göttingen: Wallstein, 2007).

¹⁰⁷ Elisabeth Roudinesco and Michel Plon, *Wörterbuch der Psychoanalyse: Namen, Länder, Werke, Begriffe*, trans. Christoph Eissing-Christophersen, et al. (Vienna and New York: Springer, 2004), 34-35.

¹⁰⁸ Peter Gay, *Freud: Eine Biographie für unsere Zeit*, trans. Joachim A. Frank, 2nd ed. (Frankfurt am Main: Fischer, 2006), 353.

as an “applied” science was not limited to the application of scientific knowledge to culture and society. The role that Stransky had in mind for the psychiatrist transcended the traditional idea of the scientific expert as someone with a profound and specialized scientific knowledge allowing qualified statements for a specific, limited field. He was convinced that psychiatrists were dedicated to become universal experts for almost any aspect of modern life, and even educators and spiritual advisors of the people. Basing this claim on the assumption that psychiatry had a privileged access to the deepest facts of human life, he wrote: “There is no other human being, no other physician, no one, whose work would allow him such deep insights into the deepest psychic matters of life, of individual men, of groups of men and even of the peoples [...] than the psychiatrist!”¹⁰⁹ But whereas he was very optimistic about the potentials of his science, he lamented that most of his colleagues were neither aware of their possibilities nor willing to face their responsibilities. While they limited their work to the clinics, laboratories and asylums, to Stransky, this was only a prerequisite for psychiatry’s true tasks, which lay beyond these confined spaces.

The first example for the program of “applied psychiatry,” and the first target for the expansive campaign of disciplinary “power politics” (*Machtpolitik*), was taken from Stransky’s own experience as a forensic expert witness before and during the war.¹¹⁰ One might speculate that the strong resentment against jurists that was visible in the manifesto for applied psychiatry had its origin in some frustrating experiences he had in this function. He saw the juridical system, in which psychiatrists had already firmly established themselves as expert witnesses during the nineteenth century, as a stepping stone for the gradual extension of the range of psychiatric expertise into other areas of social life.¹¹¹ Stransky even devised a strategic ruse to gain more influence in the juridical system: While seemingly making concessions to the jurists on a formal level, psychiatrists should bring the jurists to unknowingly adopt the premises of “our superior reasoning.”¹¹² Psychiatry itself would provide the tools: By using “benevolent suggestion,” the psychiatrist should “educate judges, prosecutors, and defenders so far as that he, gradually and

¹⁰⁹ Stransky, “Angewandte Psychiatrie,” 23.

¹¹⁰ Stransky, “Aus einem Gelehrtenleben,” 31, 266-67.

¹¹¹ On the history of medical expert witnesses in the juridical system during the nineteenth century, see Fischer-Homberger, *Medizin vor Gericht: Zur Sozialgeschichte der Gerichtsmedizin*; Alexander Kästner and Sylvia Kesper-Biermann, eds., *Experten und Expertenwissen in der Strafjustiz von der Frühen Neuzeit bis zur Moderne* (Leipzig: Meine, 2008); Michael Clark and Catherine Crawford, eds., *Legal History in Medicine* (Cambridge: Cambridge University Press, 1994).

¹¹² Stransky, “Angewandte Psychiatrie,” 31.

gingerly, becomes the leading element of the process.”¹¹³ Ultimately, Stransky believed, the leading role of psychiatrists in the courtroom would translate into a leading role in bourgeois society altogether, making the psychiatrists the “educators of mankind” (*Menschheitserzieher*).¹¹⁴ To illustrate his vision of a transformation of scientific experts into scientocratic rulers, he resorted to an unusual and powerful historical metaphor; the ascent of the Carolingians from Merovingian majordomos to imperial dynasty in the Early Middle Ages: “*Historia docet!* After Pippin followed Charlemagne and the sons of today’s consulting experts will be tomorrow’s leaders and judges of mankind.”¹¹⁵

Stransky’s wish of colonizing the juridical system was but one episode of the lasting border disputes between psychiatrists and jurists.¹¹⁶ From the eighteenth century to the present, representatives of both disciplines have continuously argued about the right approach against deviant behavior, often suggesting that only their respective discipline could provide the proper analytical and practical tools.¹¹⁷ Stransky was no exception when he polemically asserted that psychiatry was a natural science looking for objective truths, while the jurists could offer nothing more than “the clueless safety of typing-room dogmatism and bureaucratic pseudo-empiricism.”¹¹⁸

Stransky’s insistence on the primacy of psychiatry was not only based on the alleged epistemological superiority of its findings, but did also entail further assumptions on psychiatry’s role in society. When praising the scientific truths that psychiatry had to offer, he almost exclusively meant a commitment to the health of the national collective.¹¹⁹ Most psychiatrists, Stransky complained, were hardly aware of their responsibility towards society, and that “every psychiatric expertise in the courtroom is an exercise of power for the protection of society and for racial hygiene, the only rational ground of everything that one calls ‘law.’”¹²⁰ Although it remains unclear how he imagined psychiatry’s eugenic intervention in the

¹¹³ Ibid., 35.

¹¹⁴ Ibid.

¹¹⁵ Ibid., 31.

¹¹⁶ This aspect of Stransky’s attacks against “jurism” was well understood by contemporaries, see, [v.H.], “Brief aus Oesterreich,” *Deutsche Medizinische Wochenschrift* 44, no. 19 (1918).

¹¹⁷ See, for example, the classic case study by Michel Foucault and others. In English: Foucault, *I, Pierre Rivière*.

¹¹⁸ Stransky, “Angewandte Psychiatrie,” 27.

¹¹⁹ Ibid., 30.

¹²⁰ Ibid.

courtroom to happen, he had only contempt for the “senseless inhumane philanthropy” as which he saw any compassion with the “inferiors.”¹²¹

The juridical system should only be one minor battlefield in the quest for socio-political expertise. After all, Stransky argued, the concepts of psychopathology would offer a key to the understanding of almost any human relation.¹²² While psychiatry still suffered from its bad image and of associations with straightjackets and padded rooms, the psychiatrist had the potential to become the “supreme expert (*Generaloberstsachverständiger*) for all forms and ways of life of the individual and the collective.”¹²³ In individual life, Stransky found the possibilities of psychiatric influence to be almost without limits. For many people, and not only for the mentally ill, he argued, the psychiatrist could become a “secular father confessor.”¹²⁴ Again, this activity would also be a stepping stone for the expansion of psychiatric influence into society: Beyond the “client” himself, the psychiatrist could also reach “the family, the friends, and the acquaintances.” In their midst, the “medical pastor” could exert his guidance “like an apostle.”¹²⁵

As the religious metaphors indicate, the relation between the psychiatrist and the patient should not only be based on the pure scientific knowledge and competence of the former. Instead, Stransky insisted that the psychiatrist would also have to be an expert of the human nature (*Menschenkenner*). For, if the psychiatrists would not respond to this need, others might fill the gap – “quacks and semi-quacks and their ‘directions,’” as Stransky would put it with a side blow against both psychoanalysts and non-medical practitioners.¹²⁶ At the beginning of the twentieth century, academic medicine was confronted with the increasing pressure from a broad variety of alternative approaches to health and illness – a situation that would intensify after the end of the First World War, partly due to the debates on the reorganization of the medical system.¹²⁷ In the case of Viennese psychiatry, it was clearly psychoanalysis that presented the

¹²¹ Ibid., 34.

¹²² Ibid., 36.

¹²³ Ibid., 37.

¹²⁴ Ibid., 37-38.

¹²⁵ Ibid., 42.

¹²⁶ Ibid., 39.

¹²⁷ Michael Hau, “Experten für Menschlichkeit? Ärztliche Berufsethik, Lebensreform und die Krise der Medizin in der Weimarer Republik,” in *Medizingeschichte und Medizinethik: Kontroversen und Begründungsansätze 1900-1950*, ed. Andreas Frewer and Josef N. Neumann (Frankfurt am Main and New York: Campus, 2001). See also some chapters in Martin Dinges, ed. *Medizinkritische Bewegungen im Deutschen Reich (ca. 1870 - ca. 1933)*,

most important challenge. In this early reflections on psychiatric psychotherapy, Stransky reacted to this challenge by distancing himself from psychoanalysis while, at the same time, appropriating parts of its method. Whereas psychoanalytic therapy has commonly been described as an emancipatory practice aiming at the self-empowerment of the patient, Stransky's idea of psychotherapy had a clearly authoritarian and patronizing dimension already when first introduced in 1918. The psychiatrist would have to meet his patient in an explicitly hierarchical relation, "like a warden with his ward," finally becoming the "professional custodian for everyone."¹²⁸ When Stransky presented his own brand of psychotherapy in 1928, he would still follow these lines drawn in 1918.

From the rather tangible applications of applied psychiatry in forensic and psychotherapeutic settings, Stransky moved on to the broader socio-political and scientific implications of his agenda. According to Stransky, the political use of psychiatry was not in conflict with the treatment of individual patients. On the contrary, "one can say that politics is the art of treating people [*Menschenbehandlung*, implying both the dealing with and the treating of people], and thus, strictly speaking, a sibling of psychotherapy."¹²⁹ Consequently, psychiatry should not only be there for the individual patient:

No, for us psychiatrists in particular, it is an imperative necessity to put all branches of our experience in the service of a broad and energetic cultural work (*Kulturarbeit*), the high-breeding of men, the mental hygiene and eugenics of our people, and thus of all mankind.¹³⁰

This cultural-political task, Stransky claimed, was more important than any other psychiatric practice, more important than "the clinical, anatomical, and experimental filigree work" in the clinics and laboratories. Its precondition was that psychiatrists acquire practical and theoretical knowledge in social, economic and political matters, and refine them with their "exceptionally deep understanding of the soul," so that they would become true and useful insights

Medizin, Geschichte und Gesellschaft, Beiheft (Stuttgart: Franz Steiner, 1996). For a contemporary comment see also Julius Schwalbe, "Kurpfuschers Wiedererwachen," *Deutsche medizinische Wochenschrift* 45, no. 9 (1919).

¹²⁸ Stransky, "Angewandte Psychiatrie," 40.

¹²⁹ Ibid., 43.

¹³⁰ Ibid. Stransky would later claim that with this article, he had been the first to introduce the notion of "*psychische Hygiene*," see, for example, ÖNB HANNA Cod. Ser. n. 24054 a – c.

(*Erkenntnisse*, as opposed to *Kenntnisse*). Equipped with this kind of applicable and politically relevant knowledge, the psychiatrist could then become “the teacher and guide of future statesmen and diplomats.”¹³¹

When claiming that psychiatry should appropriate, reevaluate and refine the knowledge of the social sciences, Stransky referred to ethnology, ethno-psychology (*Völkerpsychologie*), racial psychology, and, most of all, to history. The most important chapters in the history of mankind, he averred, were only waiting to be analyzed in terms of psychopathology “like a cornfield awaits the rain.”¹³² This new perspective would then allow psychiatrists to provide answers and expertise on the pressing questions of contemporary life, from women’s rights to racial issues.¹³³ Stransky was particularly interested in the conclusions that could be drawn from the psychopathological study of Roman antiquity, claiming that the ramifications of late Roman degeneration and “mass hysteria” were still shaping the modern world.¹³⁴

Stransky’s vision of this new field of research was not interdisciplinary in the sense of an eye-level encounter of scientific disciplines, but based on a clear hierarchy between them. While Stransky contended that psychiatrists could and should appropriate and apply any kind of knowledge, he would not grant the corresponding rights to members of other disciplines. Quite the contrary, he stressed that psychological and psychopathological experience could not be gained as simply as “juridical, economic, sociologist, literary, or any kind of knowledge acquired in salons, on ale-benches, and in study rooms.” Psychological and psychopathological categories were not to be used by amateurs and representatives of the designated ancillary disciplines of “applied psychiatry,” but only by psychiatrists who were trained to develop this kind of socially and politically relevant knowledge.¹³⁵ However, as the subsequent history shows, this demand would not be consequentially implemented in the following years. As the work conducted and discussed under the label of “applied psychopathology” in the following decades testifies, Stransky’s initial expansive agenda may have contributed to moving the borders of psychiatric research, but it made them more permeable at the same time.

¹³¹ Ibid., 43-44.

¹³² Ibid., 44, 47.

¹³³ Ibid., 49-50.

¹³⁴ Ibid., 45-46.

¹³⁵ Ibid., 51-52.

HATRED, WAR, AND MENTAL RECONSTRUCTION

The first study to appear under the label of applied psychiatry had already been published shortly before the “manifesto” and was authored by Erwin Stransky himself. This first example for the prospective new field was a slender book on “war and mental illness” (*Krieg und Geistesstörung*), published in the successful series *Grenzfragen des Nerven- und Seelenlebens*, which was aimed both at psychiatric professionals and interested amateurs.¹³⁶ As Stransky had to admit himself, he was certainly not the first to write about this topic, which had been at the very center of professional debates since the endemic character of the “war neuroses” had first become apparent in 1914. But despite of the great body of literature in the field, he claimed to offer a novel approach. As a product of the “workshop” of “applied psychiatry,” his study would touch on previously neglected questions and aspects of the topic, which were only seemingly unrelated to psychiatry, and would examine those from the viewpoint of psychiatric psychology.

Indeed, *Krieg und Geistesstörung* encompassed a broad variety of aspects of to the relation between war and psychopathology. Stransky discussed the “healthier nerves” of the Central Powers and the psychological roots of anti-German hatred, as well as the psychology of the masses in 1914, the individual experience of the war on both normal and “psychopathic” people, and the mental and nervous disorders caused by the war. As is clearly visible in the choice of some of these topics, his interest was deeply influenced by his German nationalist views. In particular, the idea that European politics before and during the war had been shaped by other nations and peoples’ irrational and even pathological hatred against the Germans was somewhat of an obsession of Stransky during these years. This hatred against Germans, he claimed, was the largest and most important psychological endemic in history.¹³⁷ Going beyond the respective chapter in *Krieg und Geistesstörung*, he devoted a book-length study to this topic in the following year, entitled *Der Deutschenhaß*.

To understand why other nations and peoples’ hated the Germans, Stransky argued, one had to approach this topic scientifically and from all different angles. Trying to include every possible

¹³⁶ Erwin Stransky, *Krieg und Geistesstörung: Feststellungen und Erwägungen zu diesem Thema vom Standpunkte der angewandten Psychiatrie*, *Grenzfragen des Nerven- und Seelenlebens* (Wiesbaden: J. F. Bergmann, 1918).

¹³⁷ *Ibid.*, 25.

explanation, he started by discussing geographic, ethnological and cultural, historical, economic and political reasons, before turning to the psychological and psychopathological aspects that stood in the center of his attention. His approach was mainly based on two assumptions. Explicitly, he stated that in the field of mass psychology a clear line between normal and pathological emotions could not be drawn; implicitly, he also presumed that the alleged psychopathological processes in the collective could be understood with the same concepts as individual pathologies. In particular, he found that the French's and Walloons' collective hatred against the Germans was so deep-seated and intense that it could only be explained by pathological processes very similar to hysteria. Notably, to describe the underlying process Stransky borrowed one of the central concepts from the psychoanalytical theory of neuroses, alleging that the atrocity propaganda against Germany was mainly a "projection" of the French's and Walloons' own history and present behavior.¹³⁸ However, although the concept of "projection" would come to play an important role in later psychoanalytical explanations of ethnic hatred and related phenomena, Stransky does certainly not qualify as a precursor of these approaches.

When situated in its historical context, the idea of *Deutschenhaß* as a driving force of contemporary politics was not as marginal as one might initially expect. Despite Stransky's own presumption that the book would eventually please no one, it was actually favorably reviewed by Austrian and German conservatives.¹³⁹ A reviewer in the Vienna medical weekly explicitly agreed with Stransky's claim for psychiatrists' role as socio-political experts, applauding that the book was written from the perspective of "unprejudiced science" and thus would have a far greater impact on the public opinion than any statement of a party politician could.¹⁴⁰ Also, Stransky was not the only one to believe that the increasing resentment against Germany was not a mere epiphenomenon of the war, but a trait deeply rooted in the culture or the collective psychology of the Entente nations. In the course of the war, and partly as a reaction to the depiction of Germany in British and French propaganda, the idea of

¹³⁸ Stransky, *Der Deutschenhaß*, 95-99, 106-07. On the concept of projection, see Laplanche and Pontalis, *The Language of Psycho-Analysis*, 349-55.

¹³⁹ Stransky, *Der Deutschenhaß*, III-IV; Br., "Der Deutschenhaß: Eine Studie von Erwin Stransky," *Deutsche Revue* 45, no. 2 (1920); Georg Weinländer, "Stranskys Deutschenhaß," *Wiener Medizinische Wochenschrift* 70, no. 22 (1920).

¹⁴⁰ Weinländer, "Stranskys Deutschenhaß."

Deutschenhaß had already been discussed by German intellectuals,¹⁴¹ a noteworthy and influential example being the philosopher Max Scheler's (1874-1928) influential book *Die Ursachen des Deutschenhasses*, published in 1917.¹⁴²

The years from 1918 to 1920 were an extremely productive and active time in Stransky's life: His marriage to Josefine Holas was a major event in his personal life, but it was also during this time that he became engaged in professional and in party politics, while at the same time beginning to advertise the program of "applied psychiatry." Including the books and articles mentioned above, he authored a total of seventeen publications in this period, dealing with applied psychiatry and politics, and also with military and civilian forensic psychiatry, hysteria, epilepsy, and the creation of counselling offices for "nervous" patients. The introduction of applied psychiatry was certainly one of his main concerns during this time. As I will discuss in more detail later in this chapter, the project had some initial success: Stransky was able to gain some prominent supporters, and played a leading role both in the foundation of an Association for Applied Psychopathology and Psychology in Vienna and in the establishment of a monograph series on "applied psychiatry."

Stransky's political engagement and his scientific activities followed no discrete strands, but were inextricably linked with each other. The result was a stark contradiction between solemn confessions of his love for the German nation on the one hand, and equally fervent invocations of the neutrality, objectivity, and impartiality of the psychiatric expert on the other. *Krieg und Geistesstörung*, *Der Deutschenhaß*, and a 1920 talk on the "mental reconstruction of the German people" are certainly the most striking examples of the amalgamation of psychiatric and political discourses under the label of "applied psychiatry." This tendency was not limited to these explicitly political and programmatic texts; it is even to be found in the second volume of Stransky's textbook, published in 1919. A textbook intended for the use by students and medical practitioners would ideally be expected to provide authoritative and secure knowledge as objectively and timelessly as possible, in order to become a standard reference in the

¹⁴¹ Bruendel, *Volksgemeinschaft oder Volksstaat: Die Ideen von 1914 und die Neuordnung Deutschlands im Ersten Weltkrieg*, 189-90; Peter Hoeres, *Krieg der Philosophen: Die deutsche und britische Philosophie im Ersten Weltkrieg* (Paderborn: Schöningh, 2004), 255.

¹⁴² Max Scheler, *Die Ursachen des Deutschenhasses: Eine nationalpädagogische Erörterung* (Leipzig: K. Wolff, 1917). See also Thomas Mann's now notorious wartime essay, Mann, *Betrachtungen eines Unpolitischen*, esp. XXXIV-XXXVI.

respective field. However, Stransky referred to the current events throughout the text, and even attached an epilogue in which he discussed the political situation and its implications for psychiatry, culminating in yet another appeal for “applied psychiatry.”¹⁴³ Moreover, the entanglement of medical and political discourse did also find an expression in Stransky’s style and vocabulary itself. When asserting the necessity of a “healthy medical imperialism,” professional “power politics” of the physicians and of a “*großärztliche* propaganda,” he short-circuited the semantic fields of medicine and politics.

While applied psychiatry was starting off relatively well in Vienna, Stransky made another attempt to introduce his agenda to Germany in early 1920. Much had happened since the publication of the first article in 1918: The World War had ended with the Central Powers’ defeat, the Austro-Hungarian Empire had dissolved into autonomous states, and the Hohenzollern and the Habsburg monarchy had been swept away. With the economic, social, cultural and political consequences of the war and the 1918/19 flu pandemic, many contemporaries shared the profound sense of an existential crisis. As I have already shown in a previous chapter, the events of 1918/19, and the experience of the German revolution in particular gave considerable momentum to psychiatric claims for socio-political expertise. Stransky had closely followed the debates in Germany, and when presenting “applied psychopathology” as Austrian delegate on the conference of German psychiatrists in Hamburg in May 1920, he reformulated it as a program for the “mental reconstruction of the German people.”¹⁴⁴ Far more than in 1918, he stressed the immediate socio-political implications of his agenda, promoting education and prophylaxis on a national level.¹⁴⁵

If anything, Stransky asserted at the beginning of his talk, the recent events had unequivocally underlined the crucial importance of “applied psychopathology” as a prophylactic approach: If the people and its leaders had only been more proficient in terms of “practical psychology” (*praktische Seelenkunde*), the “gruesome catastrophe” would have been avoided or diminished.

¹⁴³ Erwin Stransky, *Lehrbuch der allgemeinen und speziellen Psychiatrie: II. Spezieller Teil* (Leipzig: F. C. W. Vogel, 1919), 367-71.

¹⁴⁴ Stransky, “Der seelische Wiederaufbau.” See also Stransky’s report on the conference, Erwin Stransky, “Die Hamburger Tagung des Deutschen Vereins für Psychiatrie,” *Wiener Medizinische Wochenschrift* 70, no. 33/34 (1920).

¹⁴⁵ Similar ideas were also propagated by some German physicians and psychiatrists, see, for example, Gerhard Budde, “Die seelische Gesundung unseres Volkes,” *Blätter für Volksgesundheitspflege* 20, no. 1 (1920); Julian Marcuse, “Nervenkraft als Grundlage des Wiederaufbaus,” *Blätter für Volksgesundheitspflege* 21, no. 10-12 (1921).

Now, psychiatry's duty was to rectify the mistakes of the pre-war period by educating and reshaping "our people of non-psychologists into a people of practical experts of the soul," starting with the intellectual elites.¹⁴⁶ Before this ambitious program could begin, Stransky saw a number of immediate, medical tasks that had to be performed to "save what can still be saved." First and foremost, one would have to take action against the degenerative impact of hunger and alcoholism and prevent the limited resources that psychiatry urgently needed from being grasped by Allied reparation committees. Furthermore, psychiatrists would have to campaign for lower prices for crucial pharmaceuticals, for the education of children in the countryside, and against the spread of venereal diseases.¹⁴⁷

Whether all these interventions could be successfully accomplished, Stransky argued, would strongly depend of the people's and the leaders' trust in psychiatry. But instead of increasing psychiatry's prestige, the last years had had the opposite effect: In particular, the active, "pedagogical" treatment of "war neuroses" had been used for illegitimate propaganda against the profession.¹⁴⁸ Thus, unlike the 1918 article, Stransky now considered the public sphere as the stage on which psychiatry had to defend its claim for socio-political expertise and leadership in the coming era of mass politics:

We psychiatrists have an enormous prophylactic duty; we have to become the apostles of a better future for our people. But in order to reach this position, we have to leave the ivory tower, we have to get rid of the old and respectable methods of propaganda that do not reach the ears and hearts of the people. We have to learn how to win the souls (*praktische Seelengewinnung*), in particular from the big political parties and the contenders of the Catholic Church.¹⁴⁹

Apart from helping the immediate socio-medical interventions, Stransky argued, this kind of propaganda would also prepare the ground for an educational "therapy by enlightenment" (*Aufklärungstherapie*) as part of psychiatry's role in the mental reconstruction.¹⁵⁰ However, the time was not yet ready for this kind of collective therapy: Falling in line with the broader

¹⁴⁶ Stransky, "Der seelische Wiederaufbau," 271.

¹⁴⁷ Ibid., 272-74.

¹⁴⁸ Ibid., 273-74.

¹⁴⁹ Ibid., 274.

¹⁵⁰ Ibid., 275.

psychiatric discourse on the role of the “revolutionary psychopaths” and the collective “nervous breakdown” at the end of the war, Stransky maintained that the present was still characterized by nervous disequilibrium and the “hystericization” of the masses. Consequently, the masses were still responsive to all kinds of pathological and spontaneous ideas, and to the suggestions of degenerative personalities in particular. Unlike Emil Kraepelin and Eugen Kahn, who had advanced this theory with the leaders of the short-lived Bavarian Soviet Republic of early 1919 in mind, Stransky stressed that “mentally abnormal” individuals were not only to be found among left-wing radicals, but also on the right. More than an expression of his self-understanding as a politically neutral scientific expert, this noteworthy addition to the original discourse was probably a direct reaction to the failed Kapp-Lüttwitz Putsch in Berlin, which had taken place just two weeks before Stransky gave his talk in Hamburg. Stransky may have been a right-wing nationalist in many regards, but nonetheless, he still preferred political stability to a militarist coup.

Despite his occasional alarmist rhetoric, Stransky did not believe that the current state of mental disequilibrium and nervousness would last. Sooner or later, he argued, “a gradual calming, the beginning of the regeneration of the people’s collective soul” would set in. Then, with the participation of psychiatry, a “therapy by enlightenment” could begin. Different from what the notion *Aufklärungstherapie*, which Stransky had borrowed from a talk by Gaston Roffenstein (on whom more in the next chapter) in the same year, suggested, this collective therapy did not aim at enlightening and emancipating the masses. Instead, and although Stransky did not explicitly refer to the famous Russian scientist, his idea of a collective therapy sought to combine propaganda with Pavlovian conditioning. The example of recent political propaganda had proved, he argued, that the masses could be influenced in a systematic manner, so that even the mentioning of words like “reaction” or “bolshevism” would be connected to feelings of displeasure.¹⁵¹ Stransky believed that by skilful and systematic educational work it should also be possible to go further and to

¹⁵¹ Notably, the “father” of modern public relations strategies, Sigmund Freud’s nephew Edward Bernays (1891-1995) used the same example in his 1928 book *Propaganda*, see Edward Bernays, *Propaganda: Die Kunst der Public Relations*, trans. Patrick Schnur (Freiburg: Orange Press, 2007), 51. Also, Stransky’s rather sketchy ideas for the political application of psycho-linguistic conditioning anticipated parts of what, under the name of “semantic conditioning,” would become an important line of research in Soviet psychology in the late 1930s, see Willem J. M. Levelt, *A History of Psycholinguistics: The Pre-Chomskyan Era* (Oxford: Oxford University Press, 2013), 271-72.

[...] train the masses in the interior and exterior resistance against everything that is visibly psychopathic, and to educate them so that in the fanatic of every description they see the degenerate, who will not attract but repel their so trained emotional life.¹⁵²

This kind of education, aiming at a “transvaluation of the personality ideal,” had to set in early, in the nurseries and schools. By doing so, Stransky argued, it would be possible to immunize the masses against the destructive political and cultural influence of the fanatics and the bohemians. In their place, the psychiatrists would have to promote a holistic ideal of physical and mental health: “They would have to teach the people that the mental degenerate should not be their mental model (*Vorbild*), as the physically degenerated is not their physical model.” This education, he claimed, would not only aid the gradual mental recovery of the national collective, it would also serve as a prophylaxis against any relapse.¹⁵³

In a larger psycho-historical scope, Stransky maintained that psychiatry’s prophylactic duty would also be to avoid repeating the mistakes of the past, and to set the psychological orientation of the nation back on the right track. As he expounded in a rather unusual terminology, for the last centuries, the Germans had followed an individualistic ideal; they had neglected and marginalized the collective “exo-psyche” and cultivated only the individualist “endo-psyche.” As far as Stransky was concerned, the Prussian system of education was to blame in particular. Instead of questioning the prevalent individualism, it had only tried to correct it on the outside, thus creating many of the German traits that had eventually contributed to other peoples’ hatred against the Germans. Yet, the cultivation of the “exo-psychic” was the precondition of any social bond and empathy, and the basis for a “true sense of patriotism” (*echtes Nationalgefühl*). So that the German people could prevail in the “struggle for survival” (*Daseinskampf*), one would have to fight the widespread and destructive “endo-psychic” individualism and inoculate “life-affirming mental value judgments” in the nations’ collective mind.¹⁵⁴ Once again, Stransky was convinced that psychiatrists, and the proponents of applied psychiatry in particular, would have to play the lead role: They would have to become the guides of other physicians, historians, social scientists and political leaders, they would have to help the collective regeneration of the people. But even more so, Stransky emphatically exclaimed:

¹⁵² Stransky, “Der seelische Wiederaufbau,” 275.

¹⁵³ Ibid.

¹⁵⁴ Ibid., 276-79.

“They will, in a double sense, lead Germany, and through Germany the world, upwards, from madness to truth.”¹⁵⁵

A DANGER “TO THE FACTUAL AND LOGICAL INTEGRITY OF OUR DISCIPLINE”

The initial reactions to Stransky’s call for applied psychiatry were mixed. Some, like the philosopher and sociologist Gaston Roffenstein or the Swiss psychiatrist Walter Morgenthaler, started publishing their own works under this label and actively participated in its institutionalization. Others did not adopt the label of “applied psychiatry,” but nonetheless used Stransky’s foray for the “mental reconstruction of the German people” to support their own agenda. Notably, this was mostly the case in a field in which Stransky, who was based in the very different environment of an urban university clinic, had only showed little interest – the reform of the asylums. At the conference of German psychiatrists in Hamburg in May 1920, Gustav Kolb (1870-1938) from Erlangen – a pioneer of “open care” and later a protagonist of the mental hygiene movement in Germany – laid out an extensive program for the reform of institutional care. Kolb’s agenda did not end at the walls of the asylum. As he argued, the current psychiatric problems could not be solved by reforming the institutions alone, but would also have to entail a number of other measures. Kolb’s agenda could hardly have been broader, and was certainly characteristic for the psycho-political programs of the immediate post-war period. It included the extension of outpatient care, special education and care for those “psychopaths” who had participated in the recent “coup,” the struggle against the economic losses caused by “war neurotics” and brain-injured veterans, the struggle against superstition, homosexuality, and narcotics, negative eugenics for “degenerates,” and the education of the “will.” Kolb immediately recognized Stransky as an ally. As he saw it, Stransky’s talk not only bolstered his own agenda, but also showed up additional areas of activity.¹⁵⁶

¹⁵⁵ Ibid., 280.

¹⁵⁶ Gustav Kolb, “Inweitweit sind Änderungen im Betriebe der Anstalten geboten?,” *Psychiatrisch-Neurologische Wochenschrift*, no. 21/22 (1920/21): 164. For an overview of Gustav Kolb’s reform agenda see Astrid Ley, “Psychiatriekritik durch Psychiater: Sozialreformerische und professionspolitische Ziele des Erlanger Anstaltsdirektors Gustav Kolb (1870-1938),” in *“Moderne” Anstaltspsychiatrie im 19. und 20. Jahrhundert: Legitimation und Kritik*, ed. Heiner Fangerau and Karen Nolte (Stuttgart: Franz Steiner, 2006). A similar reference to Stransky was also made by Adolf Groß, another psychiatrist active in asylum reform, see Adolf Groß, “Zeitgemäße Betrachtungen zum wirtschaftlichen Betrieb der Irrenanstalten,” *Allgemeine Zeitschrift für die Psychiatrie und psychisch-gerichtliche Medizin* 76, no. 1 (1923): 65.

Others were less convinced. In 1922, Eduard Hitschmann (1871-1957) used a review of Stransky's 1921 contribution to the *Arbeiten zur angewandten Psychiatrie* to deliver a broadside against applied psychiatry in the *Internationale Zeitschrift für Psychoanalyse*.¹⁵⁷ Hitschmann, a close follower of Freud, was among the central figures of "applied psychoanalysis" and one of the first to suggest the psychoanalytic interpretation of the lives of writers, poets, and statesmen.¹⁵⁸ Nonetheless, he had little sympathy for Stransky's program, which he found to be a "peculiar" reaction to the experiences of the war. Apart from mocking Stransky's baroque rhetoric, his constant superlatives, and his "superlunary proposals," Hitschmann questioned whether the idea of an "applied" psychiatry actually had any scientific legitimacy. Unlike "applied psychology" or "applied psychoanalysis," he argued, psychiatry could not simply be "applied" to culture, society, or politics: "To do so, the notion [of psychiatry] is too narrowly defined in a medical and clinical sense; moreover, it does not describe any specific method."¹⁵⁹ In the event, Stransky had already anticipated this specific criticism in late 1919, when he renamed applied psychiatry into "applied psychopathology," a notion that he found to be "more correct in terms of philology."¹⁶⁰

While Hitschmann's criticism of Stransky was little more than a short polemic, the German psychiatrist Arthur Kronfeld (1886-1941) had more patience and took a more differentiated view at applied psychiatry. In a response to the publication of Stransky's 1920 talk on the "mental reconstruction of the German people" in the *Zeitschrift für die gesamte Neurologie und Psychiatrie*, Kronfeld argued that the recent attempts to diagnose and give therapy to the "collective soul" were "one of the most dangerous derailments to which we could expose the factual and logical integrity of our discipline."¹⁶¹ Although he explicitly attacked "applied psychiatry," Kronfeld did not target Stransky's program alone, but subsumed different approaches under this label. He referred to a larger group of "important researchers," implicitly but unmistakably including Robert Gaupp, Helenefriderike Stelzner, Eugen Kahn, and others, who in fact had never used the notion of applied psychiatry to describe their respective works.

¹⁵⁷ Eduard Hitschmann, "Prof. Dr. E. Stransky (Wien): Psychopathologie der Ausnahmestände und Psychopathologie des Alltags," *Internationale Zeitschrift für Psychoanalyse* 8, no. 2 (1922).

¹⁵⁸ Roudinesco and Plon, *Wörterbuch der Psychoanalyse*, 411-12; Elke Mühlleitner, *Biographisches Lexikon der Psychoanalyse: Die Mitglieder der Psychoanalytischen Mittwoch-Gesellschaft und der Wiener Psychoanalytischen Vereinigung 1902-1938* (Tübingen: edition diskord, 1992), 149-51.

¹⁵⁹ Hitschmann, "Stransky: Psychopathologie der Ausnahmestände und Psychopathologie des Alltags," 222.

¹⁶⁰ Erwin Stransky, "Angewandte Psychopathologie: Vortrag gehalten im Akademischen Verein für medizinische Psychologie in Wien am 10. Dezember 1931," *Psychiatrisch-Neurologische Wochenschrift* 16(1932): 196.

¹⁶¹ Kronfeld, "Eine Bedenklichkeit der 'angewandten' Psychiatrie," 366.

In brief, Kronfeld argued that the recent diagnoses of the “mental state of the German people” could not be reconciled with the scientific character of the discipline. Moreover, they were a breach of the ethical postulates of psychiatric research, which were the foundation of psychiatry’s claim that its findings could be objective and of timeless validity. Nonetheless, Kronfeld did not deny that the revolutionary upheaval might have triggered latent psychopathologies and given social relevance to manifest mental disorders. But these phenomena were neither limited to nor specific to the revolution. Any incisive event in history, as “great wars, earthquakes, famines, the endemics of the Middle Ages, or religious mass movements,” could have mass psychological effects.¹⁶² Kronfeld also contended that psychiatry and psychology could provide the analytical tools to systematically research these effects. The mistake of the approaches that Kronfeld subsumed under the label of applied psychiatry was not that their choice of topic was not a legitimate one; in fact, he would even publish a slim booklet on the question of “mental abnormality and society” in 1923.¹⁶³ The same was true for socio-medical interventions: while Kronfeld supported social hygiene and eugenic measures, it was the idea of political education in the form of a “patronizing psychagogy (*Psychagogik*)” that he firmly rejected.¹⁶⁴

The problem that Kronfeld saw with the socio-political diagnoses of the immediate post-war period was that they tried to exceed the inherent epistemological boundaries of psychiatry as a science, and confused the research of the psychopathological effects of social movements and events in history and present with subjective moral and political judgments on these movements and the ideas they represented. The underlying claim that Kronfeld made was that the intrinsic norms of psychiatry, while allowing the discipline to make qualified statements on the health or sickness of individual patients, could not be simply translated into social or political norms. Consequently, the attempt to reduce the recent revolution to a mass psychological endemic would be unable to cope with its historical relevance and its moral and political implications. Furthermore, Kronfeld argued, this attempt would be presumptuous and eventually achieve nothing but to question the scientific credibility of psychiatry and to reinforce public

¹⁶² Ibid., 365.

¹⁶³ Kronfeld, *Das seelisch Abnorme und die Gemeinschaft*.

¹⁶⁴ Kronfeld, “Eine Bedenklichkeit der ‘angewandten’ Psychiatrie,” 364.

reservations against the discipline – instead of making psychiatry the leading science, as envisioned by Stransky.¹⁶⁵

Kronfeld's vigorous opposition against applied psychiatry had two main reasons. First, as the example of Stransky clearly illustrates, the psychiatric discourse on the mental state of the nation and the necessity of psycho-political interventions, of which applied psychiatry was a part, was closely connected to the right-wing political views of most of the psychiatrists involved. Kronfeld, by contrast, had been a delegate of the Freiburg soviet in 1918. From the beginning of 1919, he was also a member of Magnus Hirschfeld's (1868-1935) Institute for Sexology (*Institut für Sexualwissenschaft*) in Berlin; an institution that, due not only to its outspoken support for the emancipation of homosexuals but also to Hirschfeld's Jewish background, was the object of intense hate by *völkisch* circles throughout the Weimar Republic.¹⁶⁶ Thus, it comes as no surprise that Kronfeld had his reservations against the nationalist and conservative implications of most of the psycho-political diagnoses, and could hardly sympathize with the generalizing pathologization of revolutionaries as "psychopaths" in particular. Even if Kronfeld asserted that it was not any particular political opinion that motivated his opposition against "applied psychiatry," but a "deep and natural sense of responsibility" for the scientific objectivity of the discipline, the conflict between him and Stransky unfolded along a political divide. Their diverging political ideas entailed different concepts of the role of the medical profession in different future societies. While Stransky was convinced that psychiatrists had to take a lead role in the "mental reconstruction" of the German people and the propagation of racial hygiene, Kronfeld had previously advocated the socialization of medicine in a socialist society, "of the whole medical profession, and of each and every physician's head in particular."¹⁶⁷

Second, and more importantly, there was something else at stake for Kronfeld when he attacked "applied psychiatry." With the publication of his 1920 book *Das Wesen der psychiatrischen*

¹⁶⁵ Ibid., 365-67.

¹⁶⁶ Kittel, "Arthur Kronfeld zur Erinnerung," 9. See also Kreuter, *Deutschsprachige Neurologen und Psychiater*, 795-97. On Magnus Hirschfeld and the Institute for Sexology, see Rainer Herrn, "Vom Traum zum Trauma: Das Institut für Sexualwissenschaft, 1919-1933," in *Der Sexualreformer Magnus Hirschfeld: Ein Leben im Spannungsfeld von Wissenschaft, Politik und Gesellschaft*, ed. Elke-Vera Kotowski and Julius Schoeps (Berlin: Be.Bra Wissenschaft, 2004).

¹⁶⁷ Arthur Kronfeld, "Rätesystem, Klassenkampf und Ärzte: Eine Entgegnung," *Rätezeitung* 1, no. 10 (1919). See also Magnus Hirschfeld, *Verstaatlichung des Gesundheitswesens*, Flugschriften des Bundes Neues Vaterland (Berlin: E. Berger, 1919).

Erkenntnis, he had tried to position himself as the main theorist of psychiatric epistemology.¹⁶⁸ The aim of this book was nothing less than to provide a scientific methodological and logical foundation for both psychiatry and psychology. This approach has to be understood against the backdrop of Kronfeld's academic and intellectual formation before 1914. After completing his doctoral studies in medicine in Heidelberg in 1909, he also graduated in philosophy in 1912. Around the same time, he was a member of the circle around the philosopher Leonard Nelson (1882-1927) in Göttingen, where he became strongly influenced by the works of Immanuel Kant (1724-1804) and Jakob Friedrich Fries (1773-1843).¹⁶⁹ Their theories of science were the basis of Kronfeld's own reflections on the epistemology of psychiatry. However, due to his military service on the Western front and the tumultuous post-war situation, he was unable to complete his work as he had originally intended, so that the book published in 1920 took the form of a collection of essays.¹⁷⁰ This, as well as the general preoccupation of post-war psychiatry with more practical questions of "reconstruction" and demobilization, may have been the reasons why the publication of *Das Wesen der psychiatrischen Erkenntnis* went largely unnoticed.¹⁷¹ When Erwin Stransky published his articles on applied psychiatry and the mental reconstruction of the German people in 1918 and 1920 respectively, these were certainly among the most blatant infractions against Kronfeld's understanding of psychiatry as a disinterested and epistemologically sound science. Yet, they also offered Kronfeld a possibility to present himself as the leading philosopher of psychiatry, and as a defender of sound scientific practice in the psy-disciplines.

Erwin Stransky took Kronfeld's criticism personally, and even more than a decade later, he would still call Kronfeld one of the "wicked fairies," who had "circled around its [applied psychopathology's] cradle, threatening to finish it off."¹⁷² Shortly after Kronfeld's attack, he published a direct reply in the same journal: His defense of "applied psychopathology," which he now defined as the "attempt to analyze cultural, social, and political occurrences, not

¹⁶⁸ Arthur Kronfeld, *Das Wesen der psychiatrischen Erkenntnis: Beiträge zur allgemeinen Psychiatrie I* (Berlin: Julius Springer, 1920).

¹⁶⁹ Kittel, "Arthur Kronfeld zur Erinnerung," 9-11.

¹⁷⁰ During his military service, Kronfeld had been involved in the psychological and psychiatric examination of army pilots, see Arthur Kronfeld, "Eine experimentell-psychologische Tauglichkeitsprüfung zum Flugdienst: Bericht der Fliegeruntersuchungskommission der Armeeabteilung B an die Sanitätsabteilung beim Kommandierenden General der Luftstreitkräfte," *Zeitschrift für angewandte Psychologie* 15(1919).

¹⁷¹ Kittel, "Arthur Kronfeld zur Erinnerung," 11.

¹⁷² Stransky, "Angewandte Psychopathologie," 196. Stransky also mentioned Karl Birnbaum as another of these "fairies."

excluding present and recent events, from the perspective of psychopathology, and to draw conclusions from it,” offered little new compared to his previous writings.¹⁷³ Stransky could not understand why occurrences that “ultimately are based on psychological processes (*Seelisches*),” should not be analyzed by “scientifically trained experts of the soul.” After all, he argued, it was a well-known fact that social and historical life was not of a different nature than individual psychology, and psychiatry had always dealt with aspects of mental processes closely related to the topics of sociology and history, such as “suggestion, mass psychology, mental contagion, addictions, psychological endemics, racial hygiene, degeneration, delusions in the life of nations, and so on.”¹⁷⁴ Kronfeld’s demand that psychiatry should refrain from analyzing current politics was “somewhat squeamish.”¹⁷⁵

In the following decade, Stransky returned to the conflict with Kronfeld over and over again. As he saw it, the issue at stake was not only the boundaries of psychiatry’s authority for interpretation and intervention. In his account, the conflict between Arthur Kronfeld and himself was based on diverging understandings of psychiatry’s character and tasks, and as Kronfeld had done with “applied psychiatry,” Stransky accused Kronfeld of an unscientific understanding of psychiatry. As he claimed, Kronfeld was a representative of a recent trend to replace clinical empiricism by philosophical speculation, and arrogantly tried to delegitimize more practical approaches and narrow psychiatry down to a merely academic exercise.

Stransky’s polemics against the influence of philosophy in psychiatry reached their peak in a 1929 talk in the Association for Applied Psychopathology and Psychology, which was later published on the front page of the Vienna medical weekly.¹⁷⁶ In this talk, Stransky claimed that since the end of the First World War, speculative and philosophical thinking had increasingly replaced the former neurological foundations of clinical psychiatry. As he saw it, this trend had begun with the growing importance of psychoanalysis in psychiatric practice; then Karl Jaspers and others had introduced a philosophical and phenomenological approach that was more

¹⁷³ Stransky, “Keine Bedenklichkeit der angewandten Psychiatrie,” 327. Stransky, always touchy in such matters, was particularly offended that Robert Gaupp, then the editor of the *ZfNP*, had picked a smaller font for his reply than for Kronfeld’s article, see Erwin Stransky to Walter Morgenthaler, 5 April 1921, Walter Morgenthaler papers.

¹⁷⁴ *Ibid.*, 328.

¹⁷⁵ *Ibid.*, 327.

¹⁷⁶ Erwin Stransky, “Psychiatrie und psychologische Methodik,” *Wiener Medizinische Wochenschrift* 79, no. 21 (1929). See also Erwin Stransky, “Modeströmungen und Kurzschlüsse in der Psychiatrie,” *Zeitschrift für die gesamte Neurologie und Psychiatrie* 101(1926).

interested in the patients' subjective experiences than in the neurological origins of their symptoms. Today, he claimed, this development was spearheaded by Kurt Hildebrandt and Arthur Kronfeld, who demanded nothing less than the subordination of clinical psychiatry under the primacy of philosophy.¹⁷⁷ To Stransky, this was not merely a conflict between different schools in psychiatry. He went so far as to frame the controversy itself in terms of psychiatric diagnosis, arguing that the different schools actually represented different types of character: while only predominantly "syntonic" characters were capable of being proficient psychiatrists and analyzing symptoms in a systematic way, the philosophical and phenomenological school was represented by "personalities inclined to speculation and introspection." Stransky not only diagnosed his opponents as unfit of being proper psychiatrists, he even resorted to outright pathologization when he described them as "dystonic, schizoid psychopaths" threatening psychiatry's future development as a life science – an extremely offensive wording, even by his own standards.¹⁷⁸ When Arthur Kronfeld reviewed Stransky's talk for the *Allgemeine Ärztliche Zeitschrift für Psychotherapie und Psychische Hygiene*, he made unequivocally clear that he did not find Stransky's *ad hominem* attack worthy of any serious discussion. His review article consisted only of a compilation of the most outrageous quotes from the talk, without any further comment.¹⁷⁹

In 1931, Stransky unilaterally resumed the controversy with Kronfeld, which he now portrayed as a conflict between the sciences and the humanities. As he saw it, physicians were practical and empirical scientists, and their views should not be influenced by "purely humanistic (*geisteswissenschaftliche*) rules," like Kronfeld's epistemological reflections. From this perspective, he tried to immunize himself against any objections, and simply and decidedly discarded any epistemological criticism of his project: "I refuse to be swayed by any methodology based on philosophy, and any objections arising from it."¹⁸⁰ While accusing Kronfeld of reducing psychiatry to "science pour la science," Stransky presented himself as a practical physician in the tradition of the Vienna medical school and his teacher Julius Wagner-

¹⁷⁷ Stransky, "Psychiatrie und psychologische Methodik," 671.

¹⁷⁸ Ibid., 671-72. The notion *synton* was introduced by Eugen Bleuler in 1922, whereas the antonym *dystonisch* seems to be a neologism coined by Stransky; it is not related to the neurological movement disorder that is presently described as dystonia (ICD-10, G24.9), see Eugen Bleuler, "Die Probleme der Schizoidie und der Syntonie," *Zeitschrift für die gesamte Neurologie und Psychiatrie* 78, no. 1 (1922).

¹⁷⁹ Arthur Kronfeld, "Stransky, Erwin (Wien), *Psychiatrie und psychologische Methodik*. Wien med. Wschr., 1929, H.21-23," *Allgemeine ärztliche Zeitschrift für Psychotherapie und psychische Hygiene* 2, no. 12 (1929).

¹⁸⁰ Stransky, "Angewandte Psychopathologie," 197.

Jauregg. If the psychiatrist wanted to be a practitioner of medicine, Stransky had already argued in 1921, this necessarily entailed “not only the right, but also the obligation to take a stand on contemporary mental occurrences, as soon as he becomes convinced that pathological or pathogenic moments [...] play a harmful, or potentially harmful role.”¹⁸¹ In this perspective, socio-political interventions were not just a possible extension and application of psychiatry’s expertise, but an integral part of its medical responsibilities.¹⁸²

With its virtually unlimited socio-political ambit and its grandiose rhetoric, Erwin Stransky’s applied psychiatry stands out among the psycho-political programs that could be found in numerous psycho-political articles and pamphlets written under the impression of war, defeat, and revolution in the years after 1918. Moreover, it was also the only of these programs that merged into broader socio-medical considerations, continuing as a distinct intellectual endeavor for almost half a century. Nonetheless, for all its radicality, Erwin Stransky’s applied psychiatry would have remained a curious anecdote from a city rich in curious anecdotes, had he not been able to draw other people into his orbit. Yet, he was quite proficient in doing so. In 1920 already, applied psychiatry had become far more than Stransky’s one-man conquering expedition in the name of psychiatric expertise. It proliferated into a short-lived, but highly influential book series published in Switzerland, and a flourishing association that would become an interdisciplinary hub in interwar Vienna. While this chapter has focused almost exclusively on Erwin Stransky and his ideas, the next chapter widens the scope and tells the story of applied psychiatry’s surprising development in the years before the world war. Its cast is varied, large, and famous: it includes philosopher Karl Jaspers, psychiatrist Hermann Rorschach, artist Adolf Wölfli, the founder of ego-psychology Heinz Hartmann, left-wing psychoanalyst Paul Federn, medical historian Henry E. Sigerist, the Nobel-prize laureates Julius Wagner-Jauregg and Konrad Lorenz, two post-war presidents of the World Federation for Mental Health, André Repond and Hans Hoff, and others more.

¹⁸¹ Stransky, "Keine Bedenklichkeit der angewandten Psychiatrie," 329.

¹⁸² *Ibid.*, 331.

CHAPTER III – EXPANSIONISM AND INTERDISCIPLINARITY: “APPLIED PSYCHOPATHOLOGY” IN THE INTERWAR PERIOD

INTRODUCTION

As the previous chapter has shown, the history of applied psychopathology cannot be told without Erwin Stransky. He had coined the concept in two programmatic articles in 1918 and 1920, had published the first studies in the new field, and remained its main representative and propagandist throughout the interwar period, and beyond.¹ Nevertheless, he was not the only one to use the label. From 1919 onwards, a group of highly diverse scholars rallied around the flag of applied psychopathology. The concept became institutionalized as a short-lived but influential monograph series, and as an association that remained active until its dissolution following the annexation of Austria in 1938. From the beginning, the participation of other actors gave applied psychopathology a new dynamic. What had been Erwin Stransky’s distinctly right-wing nationalist answer to the political and medical crisis of the immediate post-war period and a program for the aggressive expansion of psychiatry’s expertise now became an increasingly open and interdisciplinary umbrella term for very different conceptions of the relation between psychopathology, society, and culture.

This section examines the two strands of the institutionalization of applied psychopathology in the interwar period. A first part looks at Switzerland at the beginning of the 1920s, where the psychiatrist Walter Morgenthaler took Stransky’s notion of applied psychiatry as the inspiration to publish a series of monographs. While the series itself is almost forgotten today, some of the most notable psychiatric books of the period first appeared as part of the “studies in applied psychiatry,” in particular, Hermann Rorschach’s famous inkblots, and Morgenthaler’s study on the works of the artist and psychiatric patient Adolf Wölfli. The section discusses the series itself, as well as the difficulties of Morgenthaler and his board of editors –including Stransky, but also psychiatrist-turned-philosopher Karl Jaspers – to find a common definition of applied

¹ A brief note on terminology: Shortly after the publication of the programmatic article on “applied psychiatry” (*angewandte Psychiatrie*) Erwin Stransky decided that “applied psychopathology” (*angewandte Psychopathologie*) was more correct. However, throughout the interwar period, both terms were used, often interchangeably. In this chapter, I try to follow the historical usage of the term in a given text or context.

psychiatry as well as a political stance for their series in post-war Europe. Moreover, I show that although the book series itself was only short-lived, Morgenthaler's involvement with applied psychiatry went well beyond the book series, and had a strong intellectual influence on his works for decades to come. At the same time, the editing board of the "studies in applied psychiatry" became the nucleus of the mental hygiene movement in Switzerland.

The second part of this chapter returns to Vienna, where the Association for Applied Psychopathology and Psychology was founded in early 1920. It places the association and its activities in the context of politics and the psy-disciplines in interwar Vienna, revolving around the complex and tension-filled relationship between psychoanalysis and academic psychiatry. As I show, many of Stransky's activities during the interwar period were situated exactly where the lines between academic psychiatry and psychoanalysis became most blurred and where conflict, competition, but also cooperation were possible. From the early 1920s, Stransky, together with his younger colleague Heinrich Kogerer, tried to break the Freudians and Adlerians' monopoly on psychotherapeutic treatment by creating a pragmatic and specifically medical therapeutic school of their own. Ignored today by historians of both psychiatry and psychoanalysis, they eventually succeeded in establishing the first psychotherapeutic outpatient clinic at a university hospital in the German-speaking countries. Later in the 1920s, the emergence of the mental hygiene movement in Europe pushed the idea of a prophylaxis of mental disorders to the fore, and with it another issue over which psychiatrists and psychoanalysts could quarrel. Again, Erwin Stransky, for whom mental hygiene was but one aspect of applied psychopathology, was in the thick of it.

Nowhere were the histories of psychoanalysis and academic psychiatry as entangled as in the case of the Association for Applied Psychopathology and Psychology. Although Stransky has usually been seen as a fervent opponent of Freud, from the beginning, psychoanalysis played a considerable role in the history of the association. Its co-founders, Bernhard Dattner and Gaston Roffenstein, were former members of the Vienna Psychoanalytic Society. The first public event hosted by the Association for Applied Psychopathology and Psychology was intended to create a rapprochement between representatives of the different psy-disciplines, and the association would indeed become a kind of neutral meeting ground frequented by members of all schools in the years to follow. This cooperation was not without problems, but it was the main reason for the association's success and rapid growth in the early 1920s. As Stransky's right-wing and

anti-Freudian stance threatened to alienate the psychoanalysts, he decided to save the association by ceding the position as chairman to the left-wing psychoanalyst Martin Pappenheim in 1927. It was under the leadership of Pappenheim that the association, and the project of applied psychopathology with it, reached its zenith. To celebrate the tenth anniversary of its founding, an international conference was held in 1930 in Vienna, which became of the broadest and most multifaceted events in the history of the psy-disciplines in the interwar period. This experiment in interdisciplinarity *avant la lettre* remained a solitary event. With the rise of fascism in Germany and Austria, the political climate turned against applied psychopathology as an integrative project. Martin Pappenheim emigrated to Palestine in 1934, and Erwin Stransky retook his position as chairman. Without its international contacts and the participation of the psychoanalysts, the association continued to exist, but could not live up to the hopes that the 1930 conference had raised. Eventually, the annexation of Austria in 1938 brought the end of applied psychopathology as an organized project.

Although many eminent psychiatrists, psychologists, and psychoanalysts from Austria, Germany, and Switzerland became involved in applied psychopathology in one way or another, neither the history of Walter Morgenthaler's "studies in applied psychiatry," nor the history of the Association for Applied Psychopathology and Psychology have been researched. As I show in this chapter, the history of applied psychopathology is well worth examining. What started off as Erwin Stransky's decidedly right-wing, jingoist reaction to the crisis after the First World War and as call for psychiatrists' "medical imperialism" towards other disciplines, became a surprisingly open and interdisciplinary project during the interwar period. The reason, I argue, was that with its notion of applying the knowledge of the psy-disciplines to all aspects of cultural, social, and political life, applied psychopathology could appeal to representatives of all these disciplines, while at the same time remaining vague enough to incorporate even contradictory approaches.

WALTER MORGENTHALER AND THE STUDIES IN APPLIED PSYCHIATRY

Applied psychiatry may, in many regards, have been a specific reaction to the experience of the war and the immediate post-war period in Germany and Austria. Nonetheless, it was also favorably received by readers in Switzerland, who had not shared most of these experiences.

For the Swiss psychiatrist Walter Morgenthaler (1882-1965), Erwin Stransky's programmatic article and the notion of applied psychiatry became the inspiration to start a monograph series with the newly founded publishing house of Ernst Bircher in Berne. Five volumes appeared under the title *Arbeiten zur angewandten Psychiatrie* ("studies in applied psychiatry") in 1921 and 1922, before the series was eventually discontinued due to economic difficulties of the publisher.² But although it was only short-lived, it may well be considered successful. Some of the works published in the series are among the most influential psychiatric publications of the twentieth century, and continue to be discussed, republished and translated until today.

The history of the book series began little more than a year after the publication of Stransky's programmatic essay. Inspired by Stransky's notion of "applied psychiatry," Morgenthaler was planning to start a publication series on psychiatric topics with a scope ranging beyond the usual medical aspects of the topic, and the publisher Ernst Bircher was interested in adding the series to his program. Morgenthaler's first step was to look for collaborators. In December 1919, he got in touch with Stransky to inform him about his plans. The aim of the series would be to "provide the material & the experiences of the psychiatrist for other disciplines. The title & the direction come from a very interesting article in the *All.Zeitschr.f.Psych.* [*Allgemeine Zeitschrift für Psychiatrie und psychisch-gerichtliche Medizin*], whose author you doubtlessly know quite well." Morgenthaler was planning to sign on a number of coeditors and contributors representing different European countries, and Stransky was his first choice for Austria.³ Stransky swiftly replied by cable: "collaboration accepted," and showed himself very flattered by the recognition of his efforts in a subsequent letter.⁴ Around the same time, Morgenthaler had already made contact with other future coeditors. For Switzerland, Hans W. Maier (1882-1945) from Zurich, who was then an assistant at the Burghölzli clinic with director Eugen Bleuler, had agreed to participate in the project.⁵ For Germany, Morgenthaler wrote to Karl Jaspers (1883-1969) in Heidelberg. By then, Jaspers was no longer an active psychiatrist, but had been an extraordinary professor in philosophy since 1916 and was already appointed as the

² Walter Morgenthaler to Karl Jaspers, 21 March 1922, Walter Morgenthaler papers.

³ Walter Morgenthaler to Erwin Stransky, 10 December 1919, Walter Morgenthaler papers.

⁴ Erwin Stransky to Walter Morgenthaler, 29 December 1919 (cable), Walter Morgenthaler papers; Erwin Stransky to Walter Morgenthaler, 29 December 1919 (letter), Walter Morgenthaler papers.

⁵ In 1927, Maier succeeded Bleuler as director of Burghölzli, see Vera Koelbing-Waldis, "Maier, Hans Wolfgang," *Historisches Lexikon der Schweiz* (2008), <http://www.hls-dhs-dss.ch/textes/d/D14531.php> [accessed 13 May 2013]. Maier was also one of the most important advocates of the sterilization of mental patients on eugenic indications in Switzerland, see, for example, Hans W. Maier, "Zum gegenwärtigen Stand der Frage der Kastration und Sterilisation aus psychiatrischer Indikation," *Zeitschrift für die gesamte Neurologie und Psychiatrie* 98(1925).

successor to the chair of Hans Driesch (1867-1941). Nonetheless, he agreed to become a coeditor and to submit a manuscript to Morgenthaler's series.⁶

Unbeknownst to Morgenthaler, the presence of Jaspers and Stransky in the same editing board came with a considerable potential for conflict. In his most important psychiatric work, *Allgemeine Psychopathologie* ("general psychopathology," 1913), Karl Jaspers had challenged Wilhelm Griesinger's (1817-1868) influential dogma that mental illness is brain disease, as well as the corresponding neurological "brain mythology."⁷ In what today is still perceived as the basis of psychopathology as a science, Jaspers firmly argued against any biological and neurological reductionism, and for an understanding, descriptive, and epistemologically reflected approach to mental life. To Stransky, this was merely idle philosophical speculation, and more importantly, a threat to the scientific and medical character of psychiatry. As has been discussed referring to the controversy between Arthur Kronfeld and Stransky, later in the 1920s, he published numerous polemics against the new "philosophical direction" in contemporary psychiatry, often directly naming and attacking Jaspers as one of its main representatives. The mutual animosity between Stransky and Jaspers could have easily escalated, and on more than one occasion, Morgenthaler's diplomatic efforts were the only reason that it did not.

Walter Morgenthaler was the uniting figure keeping the project together. Born in 1882, he had studied medicine in Berne, Vienna, and Zurich. During his semester in Vienna in 1905/06, he had followed Sigmund Freud's seminar on psychotherapy;⁸ in Zurich, he had been a student of Eugen Bleuler. After completing his studies he worked in different Swiss clinics before becoming chief physician of the Waldau clinic in the vicinity of Berne in 1913, a position which he held until 1920. In 1917, Morgenthaler habilitated at the University of Berne. From 1920 to 1925, he was director of the private Münchenbuchsee sanatorium, before opening his own private practice as psychotherapist in Berne.⁹ Throughout his career, Morgenthaler published

⁶ Karl Jaspers to Walter Morgenthaler, 15 December 1919, Walter Morgenthaler papers. Somewhat later, Morgenthaler also tried to persuade Ernst Kretschmer and Karl Bonhoeffer to submit manuscripts for the series, see Walter Morgenthaler to Erwin Stransky, 18 October 1921, Walter Morgenthaler papers.

⁷ Giovanni Stanghellini and Thomas Fuchs, "Editors' Introduction," in *One Century of Karl Jaspers' General Psychopathologie*, ed. Giovanni Stanghellini and Thomas Fuchs (Oxford: Oxford University Press, 1913). For a more detailed discussion of various aspects of the historical and present reception of Jaspers's book, see the other chapters in this volume.

⁸ Diary 1905/06, Walter Morgenthaler papers.

⁹ Heinz Balmer, "Walter Morgenthaler 1882-1965," *Verhandlungen der Schweizerischen Naturforschenden Gesellschaft* 146(1966): 227-28; Christian Müller, "Morgenthaler, Walter," *Historisches Lexikon der Schweiz* (2008), <http://www.hls-dhs-dss.ch/textes/d/D14559.php>. [accessed 15 July 2013]

extensively on psychotherapy, mental hygiene, and the early modern history of psychiatry, while at the same time persistently campaigning for the training and professionalization of psychiatric nurses.¹⁰ In 1942, he was the founder of both the Swiss Society for Psychology and its Applications (*Schweizer Gesellschaft für Psychologie und ihre Anwendungen*), and the Swiss Journal of Psychology (*Schweizer Zeitschrift für Psychologie*), a decision that was extolled as “a courageous act of intellectual national defense” against Nazi attempts to integrate Swiss psychologists into the German professional associations by fellow psychologists after the war.¹¹ Despite Morgenthaler’s important role in the development of Swiss psychiatry and psychology, these aspects of his biography have not yet been the topic of any comprehensive historical study.

INKBLOTS AND SOCIETY

Two other parts of Morgenthaler’s work have received considerable attention, both in the history of psychiatry and beyond. The first is Morgenthaler’s study *Ein Geisteskranker als Künstler* (“a mental patient as artist”), first published in 1921.¹² In this book, he presented and discussed the artistic works of one of his patients at the Waldau clinic, Adolf Wölfli (1864-1930). Wölfli was a violent schizophrenic who had been hospitalized after several cases of sexual assault. After noticing that Wölfli painted the walls of his cell with his own excrements, Morgenthaler supplied Wölfli with pens and paper. Over the following decades, Wölfli produced a great many drawings and paintings, and started to poetize and compose. Morgenthaler’s 1921 book was an instant success and built Wölfli’s reputation as the first original “outsider artist” of the twentieth century.¹³ Together with Hans Prinzhorn’s *Bildnerei der Geisteskranken* (“artistry of the mentally ill,” published in 1922), which, among many other examples, also included some of Wölfli’s works, Morgenthaler’s book was the starting point

¹⁰ Balmer, "Walter Morgenthaler," 230-34; O.-L. Forel, "Walter Morgenthaler als Pionier der Pflegeausbildung," *Schweizerische Zeitschrift für Psychologie und ihre Anwendungen* 9, no. 1 (1952); Eva Knechtle, "Walter Morgenthaler (1882-1965) als Pionier der Ausbildung des Psychiatrie-Pflegepersonals in der Schweiz" (PhD Thesis, Universität Bern, 1992).

¹¹ Hanns Spreng, "Zum Geleit," *Schweizerische Zeitschrift für Psychologie und ihre Anwendungen* 9, no. 1 (1952).

¹² Walter Morgenthaler, *Ein Geisteskranker als Künstler*, Arbeiten zur angewandten Psychiatrie (Berne and Leipzig: Bircher, 1921).

¹³ An extensive amount of literature on Adolf Wölfli has been published over the last century, mostly in the broader context of mental illness and artistic production; see, among many others, Elka Spoerri, ed., *Adolf Wölfli: Draftsman, Writer, Poet, Composer* (Ithaca: Cornell University Press, 1997); Hartmut Kraft, *Grenzgänger zwischen Kunst und Psychiatrie*, 3rd ed. (Cologne: Deutscher Ärzte-Verlag, 2005), 195-204; Angela Fink, *Kunst in der Psychiatrie: Verklärt - Verfolgt - Vermarktet* (Vienna and Berlin: LIT, 2012), 42-43.

for a whole new reception of the artistic production of mental patients, among psychiatrists and in artistic circles.¹⁴

Secondly, Morgenthaler also played a key role in the publication of Hermann Rorschach's (1884-1922) famous book on *Psychodiagnostik* ("psycho-diagnosis") in 1921.¹⁵ In this study, Rorschach introduced what today is still commonly known and occasionally applied as the "Rorschach test;" a psychological method in which a person's associative interpretations of ten symmetrical inkblots are used to assess his or her personality characteristics. Morgenthaler had made Rorschach's acquaintance during the latter's time as an assistant at the Waldau clinic in 1914 and 1915. It was Morgenthaler who encouraged Rorschach to publish his work and who urged him to use the catchy term *Psychodiagnostik* as title. After Rorschach's untimely death due to an appendicitis in spring 1922, Morgenthaler took care of his friend's legacy; he supervised the numerous reprints of the study, established a Rorschach commission, which later developed into an international Rorschach society, and eventually founded the Swiss Rorschach archive in Berne in 1956.¹⁶ Arguably, it is no coincidence that Wölfl's paintings and Rorschach's inkblots, which certainly both rank among the most iconic visual documents in the history of psychiatry, were both published by Morgenthaler. Walter Morgenthaler, whose younger brother Ernst (1887-1962) was a successful painter, undeniably had a good sense for art, and occasionally evinced some artistic talent himself, for example by designing an educational frieze on mental hygiene, sixteen meters long, for the Swiss Hygiene and Sport Exhibition (*Hyspa*) in 1931.¹⁷

¹⁴ Hans Prinzhorn, *Bildnerei der Geisteskranken: Ein Beitrag zur Psychologie und Psychologie der Gestaltung* (Berlin: Julius Springer, 1922). See the correspondence between Morgenthaler and Jaspers (who, like Prinzhorn, was at the University of Heidelberg) for the concurrence between Prinzhorn and Morgenthaler during the time when both books were to be published shortly, Walter Morgenthaler papers. For a broader critical discussion of the history of "outsider art," see Leo Navratil, "Art Brut & Psychiatry," *Raw Vision* 15(1996).

¹⁵ Hermann Rorschach, *Psychodiagnostik: Methodik und Ergebnisse eines wahrnehmungsdiagnostischen Experiments (Deutenlassen von Zufallsformen)*, Arbeiten zur angewandten Psychiatrie (Berne and Leipzig: Bircher, 1921). On Morgenthaler's difficulties in editing the first edition of Rorschach's book, see Walter Morgenthaler, "Der Kampf um das Erscheinen der Psychodiagnostik: Hermann Rorschach zum 70. Geburtstag (8. November 1954)," *Rorschachiana* 2, no. 3 (1954). More generally on Rorschach, see also Naamah Akavia, *Subjectivity in Motion: Life, Art, and Movement in the Work of Hermann Rorschach* (New York and Hove: Routledge, 2013).

¹⁶ Balmer, "Walter Morgenthaler," 229-30.

¹⁷ Wilhelm Weygandt, "Psychohygienische Tagung und Ausstellung in der Schweiz," *Zeitschrift für psychische Hygiene* 4, no. 6 (1931): 182; a reproduction of the frieze, painted by the artist Dora Lauterburg, can be found in Walter Morgenthaler, "Über seelische Hygiene," in *Seelische Hygiene* (Berne: Stämpfli & Cie., 1931). Some of his other sketches are still part of the exhibition at the Psychiatric Museum in Berne, which is located in the Waldau clinic and was originally founded by Walter Morgenthaler.

More importantly, the existing research on the works of Wölflí and Rorschach has failed to connect them with each other and therefore missed one crucial aspect. Both studies – which are among the most influential psychiatric works of the twentieth century – were published as part of the *Arbeiten zur angewandten Psychiatrie*. Morgenthaler's and Rorschach's studies were the first and the second volume of the series, respectively, to appear. The third volume was Erwin Stransky's *Psychopathologie der Ausnahmezustände und Psychopathologie des Alltags* ("psychopathology of the states of exception and psychopathology of everyday life"), with a title somewhat provocatively alluding to Sigmund Freud's *Zur Psychopathologie des Alltagslebens* (1901).¹⁸ It was followed by Gaston Roffenstein's *Zur Psychologie und Psychopathologie der Gegenwartsgeschichte* ("on the psychology and psychopathology of contemporary history"), which was based on his opening talk for the Association for Applied Psychopathology and Psychology in Vienna.¹⁹ The last volume of the series to be published by Bircher was Karl Jaspers's pathography *Strindberg und Van Gogh*, in which Jaspers also discussed the mental conditions of Emanuel Swedenborg and Friedrich Hölderlin.²⁰ At least one more publication, a book by Hans W. Maier on cinematographic studies of the facial expressions of the mentally ill, had been planned, although it was eventually not realized. Almost two decades later, in 1941, an isolated last installment of the series – an introduction to the alternative Behn-Rorschach test by the Swiss psychoanalyst and educational theorist Hans Zulliger (1893-1965) – appeared. It was not published by Bircher but by the Hans Huber publishing house, which had also acquired the rights to reprint the original study by Rorschach. At that time, the series was still edited by Walter Morgenthaler in cooperation with Hans W. Maier, André Repond, and Erwin Stransky; however, Karl Jaspers had left the editing board and had been replaced with the Swiss psychiatrist Oscar Forel (1891-1982) in the meantime.²¹

With the variety of topics and the different editors and their respective backgrounds in mind, one must certainly ask on which definition of applied psychiatry they actually could agree? In

¹⁸ Erwin Stransky, *Psychopathologie der Ausnahmezustände und Psychopathologie des Alltags*, *Arbeiten zur angewandten Psychiatrie* (Berne and Leipzig: Bircher, 1921).

¹⁹ Gaston Roffenstein, *Zur Psychologie und Psychopathologie der Gegenwartsgeschichte*, *Arbeiten zur angewandten Psychiatrie* (Berne and Leipzig: Bircher, 1921).

²⁰ Karl Jaspers, *Strindberg und Van Gogh: Versuch einer pathographischen Analyse unter vergleichender Heranziehung von Swedenborg und Hölderlin*, *Arbeiten zur angewandten Psychiatrie* (Berne and Leipzig: Bircher, 1922); see also Matthias Bormuth, "Karl Jaspers the Pathographer," in *One Century of Karl Jaspers' General Psychopathology*, ed. Giovanni Stanghellini and Thomas Fuchs (Oxford: Oxford University Press, 2013).

²¹ Hans Zulliger, *Einführung in den Behn-Rorschach-Test*, 2 vols., *Arbeiten zur angewandten Psychiatrie* (Berne: Huber, 1941); Christian Müller, "Forel, Oscar," *Historisches Lexikon der Schweiz* (Berne 2005), <http://www.hls-dhs-dss.ch/textes/d/D19717.php>. [accessed 5 August 2013]

the preface of the first volume of the series, Morgenthaler stated the aims for the “studies in applied psychiatry:”

1. To make the vast *material* of the psychiatrist accessible not only for clinical-psychiatric purposes, but also for other fields of research and knowledge.
2. To use the *experiences* and *insights*, which allow the psychiatrist to look deeper into mental occurrences than everyone else, in such a way as that they become more useful for other sciences than they have been before.²²

The second paragraph, in which Morgenthaler ascribed to the psychiatrist a privileged perspective on certain aspects of human life, was clearly influenced by Erwin Stransky's writings on “applied psychiatry.” In his first letter to Stransky, Morgenthaler had already mentioned that he considered his programmatic article as the inspiration for the title and the scientific direction of the series. Moreover, Morgenthaler had originally intended to refer to this source in a footnote to the preface. However, Karl Jaspers refused to give Stransky credit for coining the term and suggested to remove the footnote. As he claimed, the term was merely an equivalent of “applied psychology,” and furthermore, it was commonly used in Heidelberg, and even by himself in the manuscript to the second edition of *Allgemeine Psychopathologie* in 1914. Until now, Jaspers claimed, he hadn't even heard of Stransky's article.²³ Although Stransky was anything but pleased, Morgenthaler decided to follow Jaspers's suggestion and to remove the footnote, so that eventually Stransky was not mentioned in the published book as the inventor of the term.²⁴

As far as the five volumes published by Bircher in 1921 and 1922 are concerned, two discrete strands of psychiatry's “application” may be distinguished. On the one side, there was a strong occupation with the visual aspects of psychiatry. Morgenthaler and Jaspers focused on the relation between individual mental pathologies and artistic production. Although Hermann Rorschach's *Psychodiagnostik* was primarily intended as a method for clinical practice, it was closely related to these approaches. Like Morgenthaler and Jaspers, Rorschach was interested in the relation between art and psychopathology, but he reversed the roles. Instead of the patient

²² Morgenthaler, *Ein Geisteskranker als Künstler*, unnumbered preface.

²³ Karl Jaspers to Walter Morgenthaler, 31 January 1921, Walter Morgenthaler papers.

²⁴ Walter Morgenthaler to Erwin Stransky, 7 February 1921, Walter Morgenthaler papers.

producing art and the psychiatrists diagnostically interpreting it, the inkblot test had the psychiatrist producing art, the patient interpreting it, and the psychiatrist diagnosing the patient on behalf of his interpretation. Hans W. Maier's proposed book on the diagnostic potentials of cinematographic techniques would have been less concerned with art, but would have shared the visual approach. On the other side, Stransky and Roffenstein offered a psycho-political interpretation of "applied psychiatry." From different angles they discussed the role of psychopathological processes in social and political life. Notably, Rorschach's offer for an alternative contribution – a psycho-historical study on a number of sects and heretics in Switzerland – might rather be placed in this second category.²⁵

POLITICS AND PSYCHOTHERAPY

Although Morgenthaler himself did not choose any clearly psycho-political texts of his own for the series, this does not mean that his own understanding of applied psychiatry did not encompass society and politics. Later in the 1920s, he became a member of the Swiss national committee for mental hygiene (*Comité national Suisse d'hygiène mentale*), and published extensively on the socio-medical importance of psychiatric prophylaxis.²⁶ Moreover, Morgenthaler's sympathy for Stransky's more radical psycho-political ideas was not limited to his appropriation of the term "applied psychiatry." He also commented very positively on both Stransky's *Der Deutschenhaß* and on his talk on the "mental reconstruction of the German people," which both were considerably more far-reaching and political than the first article on applied psychiatry had been.²⁷ A cursory glance at Morgenthaler's further works shows that he and Stransky did indeed share strikingly similar ideas about the role of psychiatric expertise in society and politics.

As a number of examples indicate, during the 1920s Stransky had a considerable intellectual influence on Morgenthaler. In a 1930 article, Morgenthaler referred to Stransky's "subordination-authority-relation" when explaining the transformation of social structures in Europe after the First World War. Notably, he used this article to advocate a more positive and sympathetic psychological attitude towards members of the proletariat, so that we "might learn

²⁵ Morgenthaler, "Der Kampf um das Erscheinen der Psychodiagnostik," 256-57.

²⁶ J.-D. Zbinden, "L'organisateur: André Repond (1886-1973)," in *Portraits de psychiatres romands*, ed. Christian Müller (Lausanne: Éditions Payot, 1995), 21.

²⁷ See, for example, Walter Morgenthaler to Erwin Stransky, 28 January 1921, Walter Morgenthaler papers.

to organically and vitally incorporate ourselves in the whole of the people, each in the place where he belongs.”²⁸

In the same year, Morgenthaler presented two papers at the First International Conference for Applied Psychopathology and Psychology in Vienna, one on the “artistic production of the mentally ill,” and another one on “psychotherapy and politics.” In the second paper, Stransky’s influence was particularly palpable. Elaborating on the role of psychiatrists and psychotherapists in society and politics, Morgenthaler argued that they should use their position and their “deeper knowledge and insights” to exert a positive psychological influence in many areas of life, and beyond the “asylum walls and the laboratories.” As Morgenthaler saw it, doing so would also mean to change the hierarchies between different forms of expert knowledge. Beginning with work environments, “we should not simply parrot the engineers and businessmen, but we should bring technology and business into service for the psychological, and become leaders [...] for all questions that concern the personal, the mental, the human.”²⁹ Ultimately, the influence of psychotherapeutic knowledge, of “healthy psychological opinions” and an understanding for the social relevance of psychotherapy and psychopathology would have to be transferred to other areas of social life, and to politics in particular: “*Prinzhorn* rightly demands that the psychotherapist should be a *leader*. Conversely, it is of highest importance that our political leaders become, to a greater measure, *psychotherapists*.”³⁰

Over the following decades, Morgenthaler repeatedly returned to the socio-political tasks of psychiatry and psychotherapy, and each time his thoughts on politics and psyche accurately answered the demands of the *Zeitgeist*. In 1935, while psychotherapy in the German-speaking countries – or, as it was now called, *deutsche Seelenheilkunde* – had largely fallen under the influence of Nazi ideology,³¹ he published an article on the relation between neurology, psychiatry, and psychotherapy in the *Zentralblatt für Psychotherapie*, then edited by Matthias Heinrich Göring and Carl Gustav Jung. He argued that the psychotherapist, as a “spiritual director based on biology,” “has a cultural mission, which arguably is rooted in biology,

²⁸ Walter Morgenthaler, “Zur Psychologie der Orientierung nach unten,” *Sozialärztliche Rundschau* 2(1930).

²⁹ Walter Morgenthaler, “Psychotherapie und Politik,” in *I. Internationale Tagung für angewandte Psychopathologie und Psychologie, Wien, 5.-7. Juni 1930: Referate und Vorträge*, ed. Heinz Hartmann, Martin Pappenheim, and Erwin Stransky (Berlin: S. Karger, 1931), 234.

³⁰ *Ibid.*, 235.

³¹ Cocks, *Psychotherapy in the Third Reich*, 75-76.

psychiatry, and psychotherapy, but that reaches far beyond these disciplines into what is universally human.” And while the psychotherapist could successfully give therapy and guide disoriented individuals the way, in this new age of national reawakening, its methods had to be put into the service of society as a whole: “What is sure, is that in a new culture [...] the foundations of psychotherapy, that up to now have been useful for the recovery of the individual, in some way have to come into their own for the whole of the people, as a restoration, and for its preservation and unfolding.”³²

After the beginning of the Second World War, visions of a new society coalesced with the need to defend the Swiss status quo: In 1941, Morgenthaller discussed the collective mental disposition of the Swiss people and the conditions of the “mental defense power” (*Geistige Wehrkraft*) needed for the preservation of its neutrality. As he argued, this was not only a matter of mental health and mental power, but also entailed the necessity of integrating the Swiss people into an organic community fit to meet the challenges of the “war of nerves” (*Nervenkrieg*).³³ With the end of the war, the forging of the Swiss people into a defensive community and the mobilization of its psychological defense power became obsolete. In 1945, Morgenthaller turned to another current topic: Trying to explain what had happened, he discussed the individual psychologies of Benito Mussolini and Adolf Hitler and their impact on collective psychology.³⁴

The Cold War offered yet another stage for psycho-political expertise: Morgenthaller’s last book was a psycho-historical study on Karl Marx (*Der Mensch Karl Marx*, 1962), published by the Swiss Eastern Institute (*Schweizerisches Ost-Institut*), an anti-communist think tank based in Berne. In this book, Morgenthaller took on the personality of Karl Marx from a psychological and psychiatric angle to demystify the historical person and to lay bare the psychological roots of his doctrine and its lasting success.³⁵ Although he declared himself impressed by some of the qualities of Marx’ personality, Morgenthaller still came to the psychiatric conclusion that the founder of modern communism had shown traits of paranoia, psychopathological disorders,

³² Walter Morgenthaller, "Neurologie, Psychiatrie, Psychotherapie," *Zentralblatt für Psychotherapie* 9, no. 1 (1935): 35-36.

³³ Walter Morgenthaller, *Persönliche Neutralität und Geistige Wehrkraft* (Berne: Hans Huber, 1941).

³⁴ Walter Morgenthaller, "Zur Psychologie des Zeitgeschehens: Über Hitler und Mussolini," *Schweizerische Zeitschrift für Psychologie und ihre Anwendungen* 4, no. 2 (1945).

³⁵ Walter Morgenthaller, *Der Mensch Karl Marx* (Berne: Schweizerisches Ost-Institut, 1962).

and could even be described as schizophrenic.³⁶ And in some respects, Morgenthaler's last publication still followed the lines that Stransky had sketched in 1918; so when Morgenthaler stated that he was speaking from the standpoint of the psychiatric expert witness, and defended his approach by arguing that, as all human affairs and products were always connected to the psyche, they could all be tackled from the perspective of psychology.³⁷

Morgenthaler's engagement with applied psychiatry was not limited to a shared set of ideas, but was also institutionally connected to the Association for Applied Psychopathology and Psychology in Vienna. While his own attempts to establish a similar association in Berne had largely failed and never developed into more than a small informal circle, he was appointed as a honorary member of the flourishing association in Vienna on 14 April 1920, and, after having presented two papers at the international conference in 1930, he also became a member of the so called "permanence commission" (*Permanenzausschuss*), which was established in order to organize similar events in the future.³⁸

However, while Morgenthaler and Stransky could agree on the definition of "applied psychiatry," national politics nonetheless became one of the major points for discussion among the editors of *Arbeiten zur angewandten Psychiatrie*: From the beginning on, Morgenthaler had envisioned the series as a larger international project, not limited to the German-speaking countries. As he informed Jaspers and Stransky in January 1920, he planned to enlist coeditors from France, French-speaking Switzerland, the United States, and possibly from England. Selected contributions would be translated into the other two languages – a common practice in multi-lingual Switzerland. For the United States, Morgenthaler had in mind Adolf Meyer (1866-1950). Meyer, who was of Swiss origin and a student of Auguste Forel (1848-1931), was then a professor at Johns Hopkins University and the thought leader of the mental hygiene movement in the States – another indication that Morgenthaler supported a distinctly socio-political orientation of the series.³⁹

³⁶ Ibid., 79-80.

³⁷ Ibid., 6-8.

³⁸ Martin Pappenheim, Erwin Stransky, and Heinz Hartmann, "Zum Geleit," in *I. Internationale Tagung für angewandte Psychopathologie und Psychologie, Wien, 5.-7. Juni 1930: Referate und Vorträge*, ed. Heinz Hartmann, Martin Pappenheim, and Erwin Stransky (Berlin: S. Karger, 1931), III.

³⁹ Although Adolf Meyer is generally considered as one of the most influential figures in US psychiatry in the twentieth century, there is no comprehensive biography. For one of the more recent publications on Meyer see Andrew Scull and Jay Schulkin, "Psychobiology, Psychiatry, and Psychoanalysis: The Intersecting Careers of Adolf Meyer, Phyllis Greenacre, and Curt Richter," *Medical History* 53(2009). On Meyer's "psychobiology," see

When Morgenthaler made the proposition to extend the international scope of the series, the war had only been over for less than one year and a half, and as he knew well, this kind of international cooperation still was a highly delicate and emotional topic. Therefore, he cautiously checked with his German and Austrian coeditors whether they would agree to publish alongside Entente scientists. To avoid conflict, political and national topics should be avoided wherever possible, so that the series could become a neutral ground for scientific exchange.⁴⁰ It was Morgenthaler's vision that this kind of scientific cooperation would allow to gradually and cautiously reestablish some connections between the estranged enemy nations.⁴¹

However, Morgenthaler had vastly underestimated how sensitive this topic still was, and neither Stransky nor Jaspers shared his Swiss sense of neutrality. Stransky agreed to relinquish the original proposal for his submission, which would have dealt with the psychology of anti-German resentments, and to choose a more "neutral" topic instead. But although he invoked his belief in scientific cosmopolitanism, he unmistakably made clear that, while he could cooperate with American, British, or Italian scholars, he could hardly imagine to work with a French one – unless Morgenthaler could find someone who had not publicly denounced German culture or who had totally changed his "mentality" since.⁴² As Stransky reminded Morgenthaler, he had already severed his connections to the French scientific community in protest over the defamation of German culture early during the war, when he had left the *Société Médico-Psychologique*, whose corresponding member he had been since 1905.⁴³ In this matter, Stransky and Jaspers were exactly on the same page: Jaspers too appealed to the cosmopolitanism of the scientific community and took the view that discussions about "political opinions, questions of [war] guilt, and U-boat warfare" were clearly out of place in the "intellectual world." Yet, this "humane feeling of solidarity" came to its limits where defamatory speeches had been held against German science and culture, as had often happened in France. Like Stransky, Jaspers

Susan D. Lamb, "Pathologist of the Mind: Adolf Meyer, Psychobiology and the Phipps Psychiatric Clinic at the Johns Hopkins Hospital, 1908-1917" (PhD thesis, Johns Hopkins University, 2010).

⁴⁰ Walter Morgenthaler to Erwin Stransky, 30 January 1920, Walter Morgenthaler papers.

⁴¹ Walter Morgenthaler to Karl Jaspers, 7 March 1920, Walter Morgenthaler papers.

⁴² Erwin Stransky to Walter Morgenthaler, 11 February 1920, Walter Morgenthaler papers. Interestingly, Stransky mentioned the writer Romain Rolland (1866-1944) and the socialist leader Jean Jaurès (1859-1914) as two examples for Frenchmen "who in the German see the man, and not the animal."

⁴³ See also Stransky, "Curriculum Vitae," 3.

emphatically stated that he could “not tolerate any man who has expressed such defamations, unless he publicly recants.”⁴⁴

As a result of the strong emotional reactions of his German and Austrian coeditors, Morgenthaler had no choice but to abandon his original plan: He replied to Stransky and Jaspers that he had realized that it was still too early to include French scholars.⁴⁵ Instead, André Repond (1886-1973) from the Swiss canton of Valais would join the editing board to represent psychiatry in the French-speaking countries.

André Repond, director of the psychiatric asylum Malévoz in Monthey, was certainly a fitting choice as a coeditor of the *Arbeiten zur angewandten Psychiatrie*, and his biography indicates which direction the series might have taken if the publisher had not run into economic difficulties after only five volumes. Like Walter Morgenthaler and Hans W. Maier, who also had been students of Eugen Bleuler at Burghölzli, Repond was interested in social and prophylactic approaches to psychiatry, and in mental hygiene in particular. Influenced by the American movement for mental hygiene led by Clifford W. Beers (1876-1943) and Adolf Meyer (1866-1950), and by the parallel French movement under Édouard Toulouse (1865-1947), Repond took a lead role in the establishment of a Swiss national committee for mental hygiene, which was attached to the Swiss psychiatric association and the International Committee for Mental Hygiene, and of which both Morgenthaler and Maier became members. At the First International Congress on Mental Hygiene, held in Washington D.C. in 1930, Repond was not only a member of the Swiss delegation, but also one of the numerous vice presidents chairing the event.⁴⁶ A decade later, Repond, together with another protagonist of mental hygiene in Switzerland, Heinrich Meng (1887-1972), published and introduced the first German translation of Clifford W. Beers *A Mind that Found Itself* (1908) – the book that had launched the movement for mental hygiene in the United States.⁴⁷ Repond’s engagement for

⁴⁴ Karl Jaspers to Walter Morgenthaler, 3 February 1920, Walter Morgenthaler papers.

⁴⁵ Walter Morgenthaler to Karl Jaspers, 7 March 1920, Walter Morgenthaler papers.

⁴⁶ Zbinden, "L'organisateur: André Repond (1886-1973)," 17-22. See also Hans Jakob Ritter, *Psychiatrie und Eugenik: Zur Ausprägung eugenischer Denk- und Handlungsmuster in der schweizerischen Psychiatrie 1850-1950* (Zurich: Chronos, 2009), 161-63.

⁴⁷ Heinrich Meng and André Repond, "Vorwort," in Clifford W. Beers, *Eine Seele die sich wiederfand: Autobiographie des Begründers der "Geistigen Hygiene"* (Basel: Benno Schwabe & Co., 1941). Initially, an earlier publication in Germany had been planned, but no publisher could be found in Germany, as the translator, Otto Reuter, was Jewish, see Norman Dain, *Clifford W. Beers: Advocate of the Insane* (Pittsburgh: University of Pittsburgh Press, 1980), 278.

mental prophylaxis continued after the Second World War, when he became president of the World Federation for Mental Health in 1949.⁴⁸

CONFLICT, COMPETITION, AND COOPERATION: PSYCHOANALYSIS AND APPLIED PSYCHOPATHOLOGY IN “RED VIENNA”

At the time of his death in 1962, Erwin Stransky was well-known to his contemporaries as a staunch adversary of psychoanalysis.⁴⁹ Throughout the last decades, he had rarely missed a chance to present himself as a strict and unwavering critic of Freud and his followers. There can be little doubt that the demarcation against psychoanalysis – and against related schools like Adlerian individual psychology – was a constitutive part of his professional and, to some degree, even of his personal identity. However, while polemical statements against psychoanalysis can be found in many of his writings, he did not engage it in any systematic way, and seldom tackled any specific methodological or theoretical issues. Instead, Stransky’s criticism of psychoanalysis usually remained superficial and generalizing; in many respects, he merely reproduced widespread reservations against psychoanalysis. As his views, which he mostly had formed in the early 1920s, did not change much over time, they appeared increasingly anachronistic. In the 1950s and 1960s, he still would criticize psychoanalysis in a way that was more than a little reminiscent of the anti-psychoanalyst rhetoric of the pre-war era.⁵⁰

Despite the frequent polemics, Stransky’s position towards psychoanalysis was anything but coherent: Repeatedly, he had praised Sigmund Freud’s “genius,” and acknowledged the important contributions of psychoanalysis for psychology and psychopathology – and for his own project of “applied psychopathology” in particular.⁵¹ His purported rejection of psychoanalysis was more than once challenged by his own, tacit appropriation of psychoanalytic concepts. As his colleague and rival Hans Hoff (1897-1969) stated appositely

⁴⁸ P.-B. Schneider, O. Riggerbach, and R. Egli, "Au Docteur André Repond, Directeur de la Maison de Santé de Malévoz, Monthey," *Zeitschrift für Präventivmedizin* 1(1956): 430.

⁴⁹ Hoff, "In Memoriam: Univ.-Professor Dr. Erwin Stransky," 181.

⁵⁰ Wolfgang Huber, *Psychoanalyse in Österreich seit 1933*, Veröffentlichungen des Ludwig Boltzmann-Instituts für Geschichte der Gesellschaftswissenschaften (Vienna and Salzburg: Geyer-Edition, 1977), 131. Huber mostly refers to one of Stransky’s last talks, posthumously published in 1962, see Erwin Stransky, "Auswirkungen der Psychopathologie auf das Gegenwartsdenken," *Wissenschaft und Weltbild* 15(1962).

⁵¹ Stransky, "Remarks Concerning the Development of Applied Psychopathology," 1043.

in his obituary for Stransky in the Vienna medical weekly, “his position towards psychoanalysis was considerably more ambivalent than he perhaps had realized himself.”⁵²

PSYCHOANALYSIS, PSYCHIATRY, AND POLITICS

To understand Erwin Stransky’s difficulties to find a coherent position towards psychoanalysis, one must take a closer look at the troubled relationship between psychoanalysis and “official” psychiatry in early twentieth-century Vienna. If one takes into account that both psychoanalysts and psychiatrists were often concerned with the same questions, the same problems, and sometimes even with the same patients, the most striking trait of their relationship was the distance between them. Psychoanalysis had originated and developed outside the university, and for a large part of the twentieth century, and in some regards even today, psychoanalysts formed a “scientific subculture,” apart from academic psychology and psychiatry.⁵³

The psychoanalytic narrative, started by Freud himself, according to which the nascent movement met nothing but uniform indifference and hostility in the first decades of the twentieth century, has since been convincingly refuted.⁵⁴ Nonetheless, the other psy-disciplines did not welcome Freud and his followers with open arms. Most psychologists and psychiatrists held psychoanalysis to be incompatible with their respective disciplines, and whereas it is certainly not true that both disciplines simply ignored and scorned psychoanalysis, it was nonetheless given a “fairly negative and apathetic reception.”⁵⁵ The rejection of psychoanalysis in German and Austrian academia, as well as some negative personal experiences, led Freud to pursue a strategy that relied strongly on the development of an autonomous organization outside of the universities. In the years prior to the First World War, psychoanalysis successfully created its own associations, communication channels, and its own, separate system of training

⁵² Hoff, “In Memoriam: Univ.-Professor Dr. Erwin Stransky,” 181. On the conflict between Stransky and Hoff see Leser, *Skurille Begegnungen*, 108.

⁵³ Huber, *Psychoanalyse in Österreich seit 1933*, 8-10.

⁵⁴ Anthony D. Kauders, “Psychoanalysis is Good, Synthesis is Better: The German Reception of Freud, 1930 and 1956,” *Journal of the History of the Behavioral Sciences* 47, no. 4 (2011): 382; Hannah S. Decker, *Freud in Germany: Revolution and Reaction in Science, 1893-1907* (New York: International Universities Press, 1977), 172-73, 253. For a recent case study on the reception of psychoanalysis at the Berlin Charité clinic, see Rainer Herrn, “Wie die Traumdeutung durch die Türritze einer geschlossenen Anstalt sickert: Zum Umgang mit der Psychoanalyse an der Psychiatrischen und Nervenlinik der Charité,” in *Heroische Therapien: Die deutsche Psychiatrie im internationalen Vergleich 1918-1945*, ed. Hans-Walter Schmuhl and Volker Roelcke (Göttingen: Wallstein, 2013).

⁵⁵ Decker, *Freud in Germany*, 253.

and teaching.⁵⁶ But despite some promising signs of official recognition by state authorities due to psychoanalysis' contribution to the treatment of war neuroses, psychoanalysts did not gain a foothold in German or Austrian universities after the war.⁵⁷ Only in Switzerland was the situation somewhat different. Eugen Bleuler (1857-1939) was one of the most renowned Swiss psychiatrists of his time, and together with Carl G. Jung, who had been his assistant from 1900 to 1909, he was among the "early adopters" of psychoanalysis and had begun to include Freudian concepts in his works as early as 1904.⁵⁸

The situation in Vienna, where Erwin Stransky's encounters with psychoanalysis took place, was particularly complex. First and foremost, Vienna was not only the social, cultural, and scientific center of Austro-Hungary, and, after the First World War, of the republic of Austria: It was also – until 1938 – the world capital of psychoanalysis. Freud "discovered" and developed psychoanalysis in *fin de siècle* Vienna, and most of his early followers lived here. Given the fact that early psychoanalysts mostly came from the same social and professional environments, and that Vienna – when compared to other European capitals – was relatively small, personal contacts between psychoanalysts and other members of the medical community were hardly avoidable. For obvious reasons, this was especially true at the psychiatric university clinic, where, over the years, many psychoanalysts were present as students or staff members.⁵⁹ However, the presence of psychoanalysts in the university clinic did little to bridge the gap between "official" academic psychiatry and psychoanalysis.

Psychoanalysis found no access to academic psychiatry and the university clinics. The general scientific orientation of the university clinic had much to do with it. From the end of the nineteenth century, psychiatry in Vienna was largely based on two schools of thought – Emil Kraepelin's descriptive approach, and the local, long-standing tradition of the renowned Vienna medical school. The result was a relatively conservative biological and clinical approach to psychiatry, whose representatives understood psychiatry as a positivist natural science. From 1902 to 1928, and thus during the time most crucial for the institutional development of psychoanalysis in Vienna, the chair for psychiatry and neurology was held by Julius Wagner-

⁵⁶ Huber, *Psychoanalyse in Österreich seit 1933*, 10.

⁵⁷ Kauders, "Psychoanalysis is Good," 381; Lerner, *Hysterical Men*, 163-89.

⁵⁸ Huber, *Psychoanalyse in Österreich seit 1933*, 9.

⁵⁹ Theodor Meißel, "Freud und die österreichische Psychiatrie seiner Zeit," in *Psychoanalyse und Psychiatrie*, ed. Heinz Böker (Heidelberg: Springer, 2006), 67.

Jauregg, a notorious adversary of any psychological speculation, and of Freud's ideas in particular.

The tensions between Wagner-Jauregg and Freud became particularly palpable in 1919, when Wagner-Jauregg stood publicly accused of having mistreated “hysterical” soldier-patients during the war by using painful electric currents following the so called “Kaufmann method.”⁶⁰ While these allegations had been made by a social democratic soldiers’ newspaper in the context of the post-war debate on the brutal treatment of “war neurotics,” the inquiry became a stage for the long-standing conflict between mainstream psychiatry and psychoanalysis. Sigmund Freud had been appointed as the main expert witness in the “Commission of Inquiry on Derelictions of Military Duty” (*Kommission zur Untersuchung militärischer Pflichtverletzungen*), where this high-profile case was debated, and consequently, the individual case that was to be discussed was soon eclipsed by fierce polemics on the ethics of war psychiatry on the one side, and on the therapeutic use of psychoanalysis on the other. Although Freud personally exonerated Wagner-Jauregg from the charges against him, he still used his testimony to make a case for psychoanalysis, arguing that the clinical experiences with the “war neuroses” had offered conclusive proof for the psychoanalytic theory. At the same time, he sharply criticized the common therapeutic methods, famously denouncing the military physicians as “machine guns behind the front line,” whose task had been to push back fleeing soldiers to the trenches.⁶¹ The representatives of mainstream psychiatry answered in like manner, calling into question both the effectiveness of psychoanalysis as a psychotherapeutic method and Freud's qualification as an expert witness on the question of “war neuroses.” It certainly came as a blow to Freud that even Otto Pötzl (1877-1962) – then an assistant at the university clinic and a member of the Vienna Psychoanalytic Society – sided with Wagner-Jauregg and declared that psychoanalysis was of no use in military psychiatry, even though he was “an absolute supporter of this method in theory.”⁶²

⁶⁰ For a documentation of the case, see Kurt R. Eissler, *Freud und Wagner-Jauregg vor der Kommission zur Erhebung militärischer Pflichtverletzungen*, 2nd ed. (Vienna: Löcker, 2007). See also Hofer, *Nervenschwäche und Krieg*, 284-90; Hans-Georg Hofer, "Beyond Freud and Wagner-Jauregg: War, Psychiatry and the Habsburg Army," in *War, Trauma and Medicine in Germany and Central Europe (1914-1939)*, ed. Hans-Georg Hofer, Cay-Rüdiger Prüll, and Wolfgang U. Eckart (Freiburg: Centaurus, 2011).

⁶¹ Eissler, *Freud und Wagner-Jauregg*, 53.

⁶² *Ibid.*, 75.

Even after the end of Wagner-Jauregg's tenure, the University of Vienna remained a stronghold of neuropsychiatry. Neurology and psychiatry continued to be seen as two sides of the same coin: Until 1965, the main lectures in both fields were held by the holder of the same chair, and only in the early 1970s was the old university clinic separated into a neurological and a psychiatric clinic.⁶³ However, these traditions alone could not prevent psychoanalysis from taking root. Many members of a younger generation of psychiatrists and neurologists were interested in psychoanalysis, attended Freud's lectures, and tried to include these approaches in their own work. During the interwar period, a number of avowed psychoanalysts were part of the university clinic's non-professorial staff, among them some of Freud's closest and most prolific followers. This led to a somewhat paradoxical situation, in which academic psychiatry and psychoanalysis were strictly separated as disciplines, while individual physicians would nonetheless be active members of both groups.

The best example for these double affiliations certainly was Paul Schilder (1886-1940) – one of Erwin Stransky's most avid students before the war, and a member of the clinic's staff since 1918. Schilder was a dedicated follower of Freud, and, according to Stransky, even a psychoanalytic "fanatic."⁶⁴ He sought to combine neuropsychiatric, psychoanalytic and depth-psychological perspectives, and held a series of psychoanalytic lectures in the tradition of those held by Freud. However, and even though Schilder had his own, considerable group of followers at the clinic, his open engagement for psychoanalysis was not well received. While Schilder became an extraordinary professor in 1925, Wagner-Jauregg refused to appoint him as his assistant and chief physician. This was probably the main reason why he left the clinic in 1928 and decided to continue his career in the United States after 1930, where he became one of the key figures in the introduction of psychoanalysis to American psychiatry.⁶⁵

As the case of Paul Schilder illustrates, the fact that psychoanalysis could not leave a greater mark in the Vienna medical school cannot be ascribed to the prevalence of neuropsychiatric thinking alone. It was also a result of the hierarchical and centralized structure of the Austrian universities of the early twentieth century in general, and of the Vienna university clinic in particular. Teaching, training, and organization were largely in the hands of the chair holder,

⁶³ Huber, *Psychoanalyse in Österreich seit 1933*, 12.

⁶⁴ On the relation between Stransky and Schilder, see Stransky, "Aus einem Gelehrtenleben," 318-19.

⁶⁵ Mühlleitner, *Biographisches Lexikon der Psychoanalyse*, 286-88.

and his subordinates had little possibilities to change the clinic's scientific profile without his formal and informal consent.⁶⁶ True, Julius Wagner-Jauregg did not actively discourage or even suppress psychoanalytic ideas among his staff and his students. However, he would not acknowledge psychoanalysis as a worthy alternative or an addition to conventional neuropsychiatry, and enforced a clear separation between the two approaches.

Psychoanalysis was tolerated – on condition that it remained a private matter, and did not impinge on every-day medical practice. No psychoanalytical habilitation would have been accepted – and, for that matter, no individual psychological habilitation either, as Wagner-Jauregg had made unequivocally clear in 1915 when he rejected Alfred Adler's application on the grounds that his works did not meet scientific requirements and that it would not be desirable that his theories be taught at the medical faculty.⁶⁷ Under these circumstances, there was little chance for psychoanalysis to become accepted even as a specialized field in psychiatry.⁶⁸ A small change towards a greater appreciation of psychoanalysis by "official" psychiatry occurred after Otto Pötzl succeeded Wagner-Jauregg in 1928. Pötzl was a member of the Vienna Psychoanalytical Society from 1917 to 1933, and although his main interest and field of work was in neuropsychology, he remained more sympathetic towards psychoanalysis than Wagner-Jauregg had ever been.⁶⁹ Nonetheless, Pötzl did little to overcome the institutional separation of psychiatry and psychoanalysis.

Yet, the fact *that* the majority of psychiatrists rejected Freud's ideas explains little about *why* this was the case. Psychiatrists' disapproval with Freud's theory had more than one reason, and not all of these were directly medical or scientific. Most importantly, psychoanalysis directly clashed with two of the major premises of German psychiatry, both in terms of categorization and etiology. It did neither accept the idea that mental illness and health were clearly divided, discrete states, nor the claim that all mental illness necessarily had a physical substratum.

These were certainly not the only reasons: In her classical study on the German reception of psychoanalysis at the turn of the century, Hannah Decker has listed some other, less medical,

⁶⁶ Huber, *Psychoanalyse in Österreich seit 1933*, 12.

⁶⁷ For the full text of Wagner-Jauregg's report, see H. A. Beckh-Widmanstetter, "Zur Geschichte der Individualpsychologie: Julius Wagner-Jauregg über Alfred Adler," *Unsere Heimat* 36(1965).

⁶⁸ Huber, *Psychoanalyse in Österreich seit 1933*, 12-13.

⁶⁹ Mühlleitner, *Biographisches Lexikon der Psychoanalyse*, 245-47.

reasons for physicians' reservations against psychoanalysis – nationalism and anti-Semitism, the competition between different brands of psychotherapy, and, notably, the often provocative behavior of the psychoanalysts themselves. However, the most emotional and fierce attacks against psychoanalysis usually had to do with the pivotal role of sexuality in Freudian theory. A small minority of psychiatrists were deeply scandalized by the psychoanalysts' approach to the issue of sexuality, while the majority (and Erwin Stransky among them) took the view that, while sexuality certainly mattered, Freud had clearly “overshot the mark.”⁷⁰ Many, like the psychotherapist Heinrich Kogerer, were ready to accept parts of the psychoanalytic theory, but did not find it useful as a therapeutic method. As Kogerer argued, the insights of psychoanalysis had been of great value to psychotherapy, but its methods of treatment were contraindicated in the very most cases.⁷¹ The “heedless stirring-up” of the deeper layers of the psyche, Kogerer claimed, could be dangerous not only to the patient, but also to the therapists themselves.⁷²

Often enough, psychiatrists' rejection of psychoanalysis was far from absolute. They adopted specific aspects of psychoanalysis (like the significance of dreams and the unconscious, or the psychological etiology of neuroses), while rejecting others (like the pivotal role of sexuality and Freud's concept of libido). To Freud and his followers, who insisted that psychoanalysis was a coherent system in theory and practice, in which all parts were necessarily interrelated, this piecemeal appropriation was clearly unacceptable.⁷³ Together with psychoanalysts' tendency to diagnose critical reactions to psychoanalysis as “emotional resistance” similar to that encountered in their patients, and Freud's notorious unwillingness to engage in debates with his critics, this mindset, which did not accept any partial adoption of psychoanalysis, may have contributed to alienating some physicians who otherwise would have approached his teachings on better terms.⁷⁴

⁷⁰ Erwin Stransky and Bernard Dattner, eds., *Über Psychoanalyse: Einleitender Vortrag von Rudolf Allers in Wien, mit daranschließender Aussprache im Verein für angewandte Psychopathologie und Psychologie in Wien (S.-S. 1920)* (Berlin: S. Karger, 1922), 89.

⁷¹ Heinrich Kogerer, “Was leistet die Psychoanalyse für die Psychotherapie?,” *Wiener Klinische Wochenschrift* 42, no. 32 (1929).

⁷² Kogerer based this claim on a remark by the independent psychoanalyst Hans von Hattingberg (1879-1944), according to whom suicide was exceptionally common among psychoanalysts, see Heinrich Kogerer, “Die Psychotherapie des praktischen Arztes,” *Wiener Klinische Wochenschrift* 41, no. 5 (1928): 167-68.

⁷³ Decker, *Freud in Germany*, 179-89.

⁷⁴ *Ibid.*, 185-88; Huber, *Psychoanalyse in Österreich seit 1933*, 11.

The radical political changes that took place after 1918 had a profound impact on the relation between psychiatrists and psychoanalysts in Vienna and on the framework in which they encountered each other. Like many other fields of social life, the relation between psychiatry and psychoanalysis became characterized by political polarization. The experiences of the war and the immediate post-war period led to an increased politicization, not only of the two disciplines, but also of the public discourse in general. While many psychiatrists fell in line with the mobilizing right, psychoanalysis moved to the left. This development was certainly not exclusive to Vienna. However, many of the ensuing debates in the psychoanalytic community originated in the specific social and political context of interwar Vienna.

The military defeat of the Central Powers, the subsequent collapse of the Habsburg Empire, and the Austrian revolution had transformed the former center of a multi-ethnic empire into the capital of a small republic in Central Europe; no longer a monarchy, but a democracy with universal suffrage for men and women, and an extensive social welfare agenda. Under the new social democratic authorities, “Red Vienna” became the site of a unique project of urban reconstruction and social reform. Today, the most visible traces of this era are the large blocks of council flats and other public buildings, some of which are iconic examples of a modernist, social architecture.⁷⁵ But “Red Vienna” was far more than only new buildings and public housing: It was driven by a far-reaching reform agenda that encompassed economic, social, and cultural aspects, and an expansive public health and welfare policy. In particular, the array of medical and social programs designed by the anatomist Julius Tandler (1869-1936) opened up new and previously unseen opportunities for mental health experts.⁷⁶

⁷⁵ Helmut Weihsmann, *Das Rote Wien: Sozialdemokratische Architektur und Kommunalpolitik 1919-1934* (Vienna: Promedia, 2002); Gerhardt Kapner, "Der Wiener kommunale Wohnungsbau," in *Aufbruch und Untergang: Österreichische Kultur zwischen 1918 und 1938*, ed. Franz Kadrnoska (Vienna, Munich, and Zurich: Europaverlag, 1981).

⁷⁶ Elizabeth Ann Danto, *Freud's Free Clinics: Psychoanalysis and Social Justice, 1918-1938* (New York: Columbia University Press, 2005), 5-6; Michael Hubenstorf, "Sozialmedizin, Menschenökonomie, Volksgesundheit," in *Aufbruch und Untergang: Österreichische Kultur zwischen 1918 und 1938*, ed. Franz Kadrnoska (Vienna, Munich, and Zurich: Europaverlag, 1981). On Julius Tandler, see also Sablik, *Julius Tandler: Mediziner und Sozialreformer*. On Tandler's and the Vienna Social Democrats' position towards eugenics, see Monika Löscher, "Zur Umsetzung und Verbreitung von eugenischem/rassenhygienischen Gedankengut in Österreich bis 1934 unter besonderer Berücksichtigung Wiens," in *Medizin im Nationalsozialismus - Wege der Aufarbeitung*, ed. Sonia Horn and Peter Malina, *Wiener Gespräche zur Sozialgeschichte der Medizin* (Vienna: ÖÄK Verlag, 2001), 110-15. For a condensed summary of his views on eugenics by Tandler himself, see a 1928 talk for the *Österreichischer Bund für Volksaufartung und Erbkunde*: Julius Tandler, "Gefahren der Minderwertigkeit," *Das Wiener Jugendhilfswerk: Jahrbuch* (1928).

Generally speaking, psychoanalysis embraced the political changes and seized the new possibilities. This was certainly neither a matter of opportunism, nor a change of direction: psychoanalysts had tended towards moderate left-wing views even before the war. It has been estimated that the overwhelming majority – eighty to ninety percent – of the members of the Vienna Psychoanalytic Society voted for the Social Democratic Party. Psychoanalysts and Social Democrats were not only connected by a certain degree of mutual sympathy and trust, but also by a network of personal relationships.⁷⁷ However, its relations to politics and the workers' movement had rarely been discussed inside the psychoanalytic community before the war. A 1909 talk on "the psychology of Marxism" by Alfred Adler (1870-1937) was one of the very few exceptions, and probably the first example of a synthesis of Marxist and Freudian thinking.⁷⁸ More explicit reflections on the political dimensions of psychoanalysis had been reserved to outsiders and renegades, like the psychoanalyst, anarchist, and libertine Otto Gross (1877-1920), who had declared that "the psychology of the unconscious is the philosophy of the revolution" in 1913 in what Anthony D. Kauders has appositely described as the "first psycho-utopian essay of the twentieth century."⁷⁹ Admittedly, even after the war Gross's political and sexual radicalism would still have been beyond any possible consensus of the psychoanalytic community, as the famous case of Wilhelm Reich (1897-1957), who was excluded from the Vienna Psychoanalytic Society for vaguely similar reasons after a decade of conflict in 1934, may serve to illustrate.⁸⁰

The experience of mass violence and mass politics during and immediately after the war created a new demand for explanation. Like many psychiatrists, psychoanalysts were drawn to questions of mass psychology and the relations of psychology and politics. The best-known example for psychoanalysis' post-war occupation with society is certainly Sigmund Freud's

⁷⁷ Johannes Reichmayr and Elisabeth Wiesbauer, "Das Verhältnis von Sozialdemokratie und Psychoanalyse in Österreich zwischen 1900 und 1938," in *Beiträge zur Geschichte der Psychoanalyse in Österreich*, ed. Wolfgang Huber (Vienna and Salzburg: Geyer-Edition, 1978), 30; Else Pappenheim, "Politik und Psychoanalyse in Wien vor 1939," *Psyche* 43, no. 2 (1989): 125-26.

⁷⁸ Reichmayr and Wiesbauer, "Sozialdemokratie und Psychoanalyse in Österreich," 29. See also Johnston, *The Austrian Mind*, 256.

⁷⁹ Otto Gross, "Zur Ueberwindung der kulturellen Krise," *Die Aktion* 3, no. 14 (1913): 384; Anthony D. Kauders, "Truth, Truthfulness, and Psychoanalysis: The Reception of Freud in Wilhelmine Germany," *German History* 31, no. 1 (2013): 16. Kauders' article also provides a more detailed discussion of Gross's thought, his relation to psychoanalysis, and his influence on pre-war anarchist writers in Germany, 14-20.

⁸⁰ Bernd Nitzschke, "Ich muss mich dagegen wehren, still kaltgestellt zu werden.' Voraussetzungen, Begleitumstände und Folgen des Ausschlusses Wilhelm Reichs aus der DGP/IPV in den Jahren 1933/34 " in *Der "Fall" Wilhelm Reich: Beiträge zum Verhältnis von Psychoanalyse und Politik*, ed. Karl Fallend and Bernd Nitzschke (Gießen: Psychosozial-Verlag, 2002).

essay *Massenpsychologie und Ich-Analyse* (“mass psychology and ego-analysis”), a critical re-reading of Gustave Le Bon’s (1841-1931) concept of crowd psychology published in 1921. While Freud’s socio-political thought remained relatively abstract and usually kept a safe distance from current affairs, other members of the psychoanalytic community were less shy of short-term political commentary. Paul Federn (1871-1950) – socialist, senior member of the Vienna Psychoanalytic Society, and a regular in Erwin Stransky’s Association for Applied Psychopathology and Psychology – famously coined the phrase of the “fatherless society” in a 1919 essay on the psychology of the Austrian revolution. In this short essay, Federn analyzed the current events in the conceptual framework of Freud’s *Totem and Taboo* (1913) – the revolutionary horde of brothers overthrowing the patriarchal reign of the *Kaiser*-father.⁸¹

For members of the “Freudian left,” which took shape in the 1920s and 1930s, psychoanalysis was more than a psychological theory and a therapeutic method; it was also a social science and, moreover, a form of political practice. Throughout the interwar period, many left-leaning psychoanalysts like Paul Federn, Wilhelm Reich, Siegfried Bernfeld (1892-1953), or Otto Fenichel (1897-1946) argued that socialism and psychoanalysis were not just compatible but complementary approaches, and that only a synthesis of Marxist and Freudian thinking could guide the way towards a free society. Nonetheless, it is important to understand that these positions were not necessarily shared by the whole of the psychoanalytic community: most psychoanalysts had an apolitical self-understanding, and the official line, issued by Sigmund Freud, was that psychoanalysis was science, not ideology, and had to keep its distance from party politics.⁸²

This apolitical self-understanding was one reason why psychoanalysts were less successful than other parties when it came to occupying the various positions for psychological and psychiatric experts that opened up in “Red Vienna.” In particular, Alfred Adler and his school had strong links to the new authorities in Vienna and had always been more closely affiliated to social

⁸¹ Paul Federn, *Zur Psychologie der Revolution: Die vaterlose Gesellschaft* (Leipzig and Vienna: Anzengruber, 1919); Mühlleitner, *Biographisches Lexikon der Psychoanalyse*, 90-92; Sigmund Freud, “Totem und Tabu (1912-13),” in *Sigmund Freud: Werkausgabe*, ed. Anna Freud and Ilse Grubrich-Simitis (Frankfurt am Main: Fischer, 1978).

⁸² Huber, *Psychoanalyse in Österreich seit 1933*, 26-27. For the probably most trenchant discussions of Freud’s political thought, see Schorske, *Fin-de-Siècle Vienna*. On the relation between Marxism and psychoanalysis in the interwar period, see also Eli Zaretsky, *Secrets of the Soul: A Social and Cultural History of Psychoanalysis* (New York: Vintage, 2005), 126-32.

democracy than the psychoanalysts as a group had been.⁸³ When the Austrian Social Democrats began their extensive reform of the schools and the education system, representatives of individual psychology were involved on many levels of the process – as for example with their child guidance offices (*Erziehungsberatungsstellen*).⁸⁴ In their consulting practice, the Adlerians sought to translate social ideas into ways of psychological treatment: For example, Rudolf Dreikurs (1897-1972) – who also was one of the individual psychologists to participate in the movement for mental hygiene – experimented with collective treatment and group counselling in the child guidance offices in the late 1920s. For Dreikurs, collective treatment was not less than a “democratization” of psychotherapy, closely linked to the social and democratic promise of “Red Vienna,” and fundamentally incompatible with the authoritarian corporative state that succeeded it.⁸⁵

The close affiliation with social democracy became a problem for individual psychology in 1934, when the First Republic was overthrown. After troops of the Dollfuß regime had quelled the republican resistance during in the Austrian Civil War of February 1934, the Social Democratic Party was outlawed. This did not only spell the end of “Red Vienna”, but also for the individual psychologists’ welfare and counselling projects.⁸⁶ Psychoanalysis, in contrast, remained relatively untouched by the political changes for the moment.⁸⁷

PSYCHOTHERAPY AND MENTAL HYGIENE

The best-known and most important Freudian contribution to the expanding public welfare services of “Red Vienna” was the establishment of the psychoanalytic *Ambulatorium*, which

⁸³ Huber, *Psychoanalyse in Österreich seit 1933*, 26; Pappenheim, "Politik und Psychoanalyse in Wien vor 1939," 127.

⁸⁴ In 1928, Vienna had more than forty child guidance offices. Twenty-one of these were part of the municipal youth welfare services (*Jugendämter*) in the districts of Vienna, one was operated by the Psychoanalytic Society, and about twenty by the individual psychologists. Other initiatives of the individual psychologists included counselling offices for suicidal adolescents, see Rudolf Dreikurs, "Die Entwicklung der psychischen Hygiene in Wien: Unter besonderer Berücksichtigung der Alkoholiker- und Psychopathen-(Selbstmörder-)fürsorge," *Allgemeine Zeitschrift für Psychiatrie und psychisch-gerichtliche Medizin* 88, no. 8 (1928): 480; Rudolf Dreikurs, "Von der Geisteskrankenfürsorge über die soziale Psychiatrie zur psychischen Hygiene," *Allgemeine Zeitschrift für die Psychiatrie und psychisch-gerichtliche Medizin* 88(1928).

⁸⁵ "Rudolf Dreikurs," in *Psychotherapie in Selbstdarstellungen*, ed. Ludwig J. Pongratz (Berne, Stuttgart, and Vienna: Hans Huber, 1973), 125.

⁸⁶ *Ibid.*, 115.

⁸⁷ Huber, *Psychoanalyse in Österreich seit 1933*, 26-27; Johannes Reichmayr and Elke Mühlleitner, "Psychoanalysis in Austria after 1933-34: History and Historiography," *International Forum of Psychoanalysis* 12, no. 2-3 (2003).

opened its doors on 22 May 1922. The *Ambulatorium* was an outpatient clinic, modelled after the example of the psychoanalytic policlinic that Max Eitingon (1881-1943) and Ernst Simmel (1882-1947) had established in Berlin as early as 1920. Like the Berlin policlinic, the *Ambulatorium* in Vienna had a social mission – to provide free mental health care for those who couldn't afford treatment otherwise.

Before “Freud's free clinic” could commence its operations in 1922, many barriers had to be broken down. For two years, Eduard Hitschmann, who was the driving force behind the attempts to create a psychoanalytic outpatient clinic in Vienna, led an uphill struggle against a lethargic medical bureaucracy and hostile functionaries.⁸⁸ The most important obstacle was the adverse position of “official” psychiatry. In a 1921 expertise, Julius Wagner-Jauregg had come out in opposition to the *Ambulatorium* as a psychoanalytic policlinic, arguing that a psychotherapeutic outpatient clinic would have to operate on the basis of methods acknowledged by academic psychiatry.⁸⁹ The influence of the medical opponents of psychoanalysis in Vienna was so strong that the *Ambulatorium* was closed at the behest of the Vienna medical office (*Sanitätsbehörde*) on 30 November 1922, and was only permitted to reopen after Eduard Hitschmann had appealed to the Federal Ministry of Social Administration (*Bundesministerium für soziale Verwaltung*).⁹⁰ Even then, the *Ambulatorium* did not receive any financial support by state or city authorities.⁹¹

Mainstream psychiatrists and psychotherapists were not just passive bystanders or blockers, but actively participated in the extension of Vienna's public welfare and mental health care system. As early as 1919, even before Eduard Hitschmann had begun to lobby for the psychoanalytic *Ambulatorium*, Erwin Stransky had called for the establishment of a psychotherapeutic outpatient clinic. Arguing that the existing neurological outpatient clinics were already working to capacity to treat physical diseases like syphilis and sciatica, he proposed a specialized treatment and counselling office for “nervous” patients and “psychopaths.” As no costly

⁸⁸ Danto, *Freud's Free Clinics*, 70. See also Karl Fallend, *Sonderlinge, Träumer, Sensitive: Psychoanalyse auf dem Weg zur Institution und Profession. Protokolle der Wiener Psychoanalytischen Vereinigung und biographische Studien*, Veröffentlichung des Ludwig-Bolzmann-Institutes für Geschichte und Gesellschaft (Vienna: Verlag Jugend & Volk, 1995), 107-40.

⁸⁹ Meißel, “Freud und die österreichische Psychiatrie seiner Zeit,” 67.

⁹⁰ Eduard Hitschmann, “Zehn Jahre Wiener Psychoanalytisches Ambulatorium: Zur Geschichte des Ambulatoriums,” *Internationale Zeitschrift für Psychoanalyse* 38, no. 2 (1932): 267-68; Reichmayr and Wiesbauer, “Sozialdemokratie und Psychoanalyse in Österreich,” 34.

⁹¹ Reichmayr and Wiesbauer, “Sozialdemokratie und Psychoanalyse in Österreich,” 34.

equipment was needed for the treatment of these patients, Stransky estimated that the creation of such a clinic would not be expensive. All that was needed were three to four rooms, furniture, a chief physician, one or two assistants, and a receptionist. By asserting that a suitable physician, willing to work in an honorary capacity, could easily be found, Stransky did not miss to offer himself for the position. This little investment would allow to help many of the “lost,” and to save them from mental breakdowns, suicides, and – a side blow at psychoanalysis – from falling into the hands of “quacks.”⁹²

The psychotherapeutic outpatient clinic was eventually founded in October 1922, attached to the university clinic. It was not led by Erwin Stransky, however, but by the psychiatrist and neurologist Heinrich Kogerer (1887-1958); ten years younger than Stransky and unexperienced in psychotherapeutic matters.⁹³ From 1922 to 1930, about 1.700 neurotics and 150 mostly schizophrenic mental patients received counselling or treatment. These numbers were considerably lower than those of the psychoanalytic *Ambulatorium*, which registered a total of 2,245 applicants between 1922/23 and 1930/31, but still roughly in the same dimension.⁹⁴ And like the psychoanalytic *Ambulatorium*, the psychotherapeutic outpatient clinic was linked to more encompassing socio-political ideas. Kogerer refused to limit the activities of the outpatient clinic to counselling and treatment alone, and tried to enhance the economic situation of those in need: From 1927 on, an agreement with the Industrial District Commission (*Wiener industrielle Bezirkskommission*) allowed the outpatient clinic to refer unemployed patients to the commission, where they would receive some limited support in their search for work.⁹⁵ As Stransky saw it, this connection of psychotherapeutic and social thinking pointed the way towards mental hygiene.⁹⁶

⁹² Erwin Stransky, "Behandlungs- und Beratungsstellen für Psychisch-Nervöse," *Wiener Medizinische Wochenschrift* 69, no. 9 (1919). See also Freis, "Vertrauen und Subordination."

⁹³ Heinrich Kogerer, "Organisation des Fürsorgewesens in deutschen Ländern," in *Leitfaden der psychischen Hygiene*, ed. Erwin Stransky (Berlin and Vienna: Urban & Schwarzenberg, 1931), 247. On Kogerer, who later was a staff member of the "Görling institute" and a Wehrmacht psychiatrist in the Second World War, see Ernst Klee, *Das Personenlexikon zum Dritten Reich: Wer war was vor und nach 1945* (Frankfurt am Main: Fischer, 2003), 327-28. In its heyday, the outpatient clinic employed 15 medical assistants, 2 nurses, and 5 care workers (*Fürsorgepersonen*), see Heinrich Kogerer, *Psychotherapie: Ein Lehrbuch für Studierende und Ärzte* (Vienna: Wilhelm Maudrich, 1934), 1. For a report of the clinic's early years, see Heinrich Kogerer, "Bericht über die Tätigkeit des Psychotherapeutischen Ambulatoriums an der Psychiatrisch-neurologischen Universitätsklinik in Wien, in den Jahren 1922-1925," *Wiener Klinische Wochenschrift* 39, no. 12 (1926).

⁹⁴ Fallend, *Sonderlinge, Träumer, Sensitive*, 121.

⁹⁵ Kogerer, "Organisation des Fürsorgewesens," 247.

⁹⁶ ÖNB HANNA Cod. Ser. n. 24054 a-c.

In fact, the psychotherapeutic outpatient clinic became closely connected to the Austrian branch of the mental hygiene movement. Like Stransky, Heinrich Kogerer was an active participant in the nascent movement, and was convinced that psychotherapy had to play a key role in mental hygiene. In the 1931 *Leitfaden zur psychischen Hygiene* ("guide to mental hygiene"), edited by Erwin Stransky, Kogerer developed his ideas about the relation between individual psychotherapy and the societal prophylaxis of mental illness in some detail. As Kogerer acknowledged himself, his own approach had a lot in common with Stransky's SAR psychotherapy, and while there were also important differences, both certainly were built on the basis of a strikingly similar, conservative concept of society. Like Stransky, Kogerer claimed that the therapist had to be in control of the therapeutic process at all times, actively guiding it into the right direction. As he saw it, psychotherapy had to aim for an increase in patient's happiness, for: "When someone is happier, it is easier for him to renounce his instincts and to submit to the demands of the community."

The aim of Kogerer's method, which he described as an "analytical-synthetic psychotherapy with suggestive symptomatic treatment,"⁹⁷ was the integration of the individual into a demanding, organic society. The pivotal point of Kogerer's psycho-political ideas was the notion of "trust:" On the one hand, the therapist had to establish or restore the patient's trust in society, and thus his willingness to submit to its demands. On the other hand, society could only subsist based on the trust and loyalty of all its members. In a way that was truly characteristic for a right-wing conservative criticism of modernity, Kogerer closed the circle of his argument by claiming that the increasing number of mental disorders that threatened society's cohesion were in itself a symptom of the disintegration of society and the bonds of trust between the individual and the whole. Once, religion had been able to maintain societal cohesion. Now, mental hygiene had to step forth and fill the gap.⁹⁸

When measured against these high-flying ambitions, the actual attempts to spread the gospel of mental hygiene in Vienna produced sobering results: In April 1928, Otto Kauders (1893-1949), an assistant at the Vienna university clinic and another protagonist of the Austrian movement for mental hygiene, established a biweekly consultation hour on mental hygiene at the

⁹⁷ Kogerer, "Die Psychotherapie des praktischen Arztes," 168.

⁹⁸ Kogerer, "Psychische Hygiene, Neurosenlehre und Psychotherapie," esp. 74-75.

university clinic.⁹⁹ However, the overall attendance was disappointing. Until 1930, no more than 63 consultations had been held. Moreover, the majority of the attendants already suffered from mental disorders and were in need of treatment, so that the counselling office could not perform its prophylactic task.¹⁰⁰ The counselling hours were discontinued as early as January 1930, with the psychotherapeutic outpatient clinic again taking over the mental hygiene counselling.¹⁰¹ As Kogerer saw it, this failure had two reasons. First, the propaganda for the counselling office had been insufficient and had not reached a broader public. Second, Kogerer blamed public reservations against psychiatry, which had led many in need of counselling to make use of alternative offers instead – like the counselling offices of the individual psychologists and the psychoanalytic *Ambulatorium*.¹⁰²

While the establishment of a psychotherapeutic outpatient clinic brought about a certain concurrence over the same patient groups, other attempts to popularize the agenda of the movement for mental health led to some cooperation between the different schools. From October to December 1930, the Subcommittee for Mental Hygiene of the Austrian Society for Public Health (*Österreichische Gesellschaft für Volksgesundheit*) organized a series of radio lectures, then a relatively new medium that had only been introduced a few years before. The lectures were held by some of the most important figures in mental and social hygiene in interwar Austria: Josef Berze, Erwin Stransky, Heinrich Kogerer, Heinrich Reichel, Karl Gross, but also by the former individual psychologist Rudolf Allers and the psychoanalyst Martin Pappenheim.¹⁰³

In spring 1932, Stransky organized another series of instructive lectures on mental hygiene for the students of the Vienna middle schools (*Gymnasien*, *Realgymnasien*, and *Realschulen*), again under the auspices of the Subcommittee for Mental Hygiene. In this frame, lectures were held for gender-segregated groups of students, dealing with the individual preservation of mental health, reproduction and eugenics, the relation of mental and body hygiene, and drug abuse. In order to avoid a dispute with Pappenheim, Stransky had to include a number of psychoanalytic

⁹⁹ Kreuter, *Deutschsprachige Neurologen und Psychiater*, 696-98.

¹⁰⁰ Heinrich Kogerer, "Psychische Hygiene in Österreich," *Zeitschrift für psychische Hygiene* 2, no. 4 (1929): 117-18.

¹⁰¹ Kogerer, "Organisation des Fürsorgewesens," 247-48.

¹⁰² Kogerer, "Psychische Hygiene in Österreich," 117.

¹⁰³ "Tätigkeitsbericht der Österr. Gesellschaft für Volksgesundheit über das 5. Vereinsjahr. (Mitte November 1929 bis Mitte November 1930)," *Volksgesundheit: Zeitschrift für soziale Hygiene* 4, no. 10/11 (1930): 211.

lecturers. In the end, scholars from all three psychological schools in Vienna were involved in the lectures: Erwin Stransky, Heinrich Kogerer, and Otto Kauders as representatives of academic psychiatry, Martin Pappenheim and Paul Federn as two avowed psychoanalysts, and the individual psychologists Rudolf Dreikurs and Lydia Sicher (1890-1962) as surrogate lecturers.¹⁰⁴

This time, however, this arrangement did not only cause Stransky some personal displeasure, it also led to considerable conflict with other players in the field. An offer to have the lectures held under the patronage of the Vienna Society for Eugenics had to be rejected, as the eugenicists, who were represented by Julius Wagner-Jauregg, Ernst Brezina, and Heinrich Reichel, were not willing to tolerate the psychoanalysts' participation. At the same time, the integration of psychoanalysis earned the lectures vehement criticism by pedagogues and hygienists. Reichel – who himself had participated in the 1930 radio lectures – lead the charge against Stransky, who found himself forced to grudgingly defend the psychoanalysts and their lectures.¹⁰⁵

THE ASSOCIATION FOR APPLIED PSYCHOPATHOLOGY AND PSYCHOLOGY

On 19 January 1920, Erwin Stransky and his colleague Bernhard Dattner formally requested the registration of a new association in Vienna, named the *Verein für angewandte Psychopathologie und Psychologie* (Association for Applied Psychopathology and Psychiatry). Following its statutes, the association's aim was to foster the research on "the laws and experiences of scientific psychopathology and psychology, which pertain for mental processes in the life of individuals and of society, in history, and in cultural history." What had before been an informal circle of "physicians, jurists, and philosophers" around Stransky and his program of "applied psychopathology," was now institutionalized as an association that would

¹⁰⁴ "Vorträge über psychische Hygiene, veranstaltet vom österreichischen Unterausschuss für psychische Hygiene in Wien," *Zentralblatt für Psychotherapie* 5, no. 4 (1932); Erwin Stransky, "Vorträge für Abiturienten über psychische Hygiene in Wien," *Zeitschrift für psychische Hygiene* 5, no. 6 (1932).

¹⁰⁵ Stransky, "Aus einem Gelehrtenleben," 510. See also ÖNB HANNA Cod. Ser. n. 24054 a-c. On Reichel's criticism of Stransky's approach to mental hygiene, see also Thomas Mayer, "'...dasz die eigentliche österreichische Rassenhygiene in der Hauptsache das Werk Reichels ist:' Der (Rassen-)Hygieniker Heinrich Reichel (1876-1943) und seine Bedeutung für die eugenische Bewegung in Österreich," in *Vorreiter der Vernichtung? Eugenik, Rassenhygiene und Euthanasie in der österreichischen Diskussion vor 1938*, ed. Heinz Eberhard Gabriel and Wolfgang Neugebauer (Vienna, Cologne, and Weimar: Böhlau, 2005), 85.

remain an active part of intellectual life in Vienna until its final dissolution in June 1939.¹⁰⁶ Many of the members and participants were part of the staff of Julius Wagner-Jauregg's clinic, but membership was not limited to psychiatrists or to physicians in general, but open to an academically educated public from all disciplines. This interdisciplinary character was what set the Association for Applied Psychopathology and Psychology apart from many other medical and scientific organizations in interwar Vienna, and it was a precondition of its lasting success: At the beginning of March 1920, less than three month after its founding, the association had already about fifty members.¹⁰⁷ Over the next two decades, numerous lectures, seminars, and an international conference where held under the association's umbrella, and many important psychiatrists, neurologists, psychoanalysts, psychologists, and scholars from other disciplines – and among them two later Nobel laureates¹⁰⁸ – participated in the meetings and debates.

MODERATE TONES

Compared with Stransky's programmatic articles, three aspects were suspiciously absent from the association's statutes: First, the association's statutes and its later proceedings did not endorse any political views. In stark contrast to Stransky's contemporaneous and later writings, they contained no calls for the "mental reconstruction of the German people," and no traces of pan-German nationalism. Second, the association's statutes did neither mention the necessity nor the intention to conduct any kind of the socio-medical interventions for which Stransky had emphatically pressed in most of his writings in the immediate post-war period. While the association was supposed to foster the extension and "application" of psychopathological expertise, this was to happen inside the scientific debate, and not in society at large, mostly by propagating psychopathological approaches among scientists and by advancing analyses and explanations of psychological and psychopathological processes in everyday life, in history, culture, and society.¹⁰⁹

¹⁰⁶ WStLA, 1.3.2.119.A32.1939.5695/1939; "Verein für angewandte Psychopathologie und Psychologie in Wien: Bericht über die Tätigkeit im Wintersemester 1920," *Wiener Medizinische Wochenschrift* 70, no. 47 (1920): 1981. For an encyclopedic overview over the many psychiatric and psychological societies in interwar Vienna, see Elke Mühlleitner, *Medizinische Psychologie und Psychotherapie in Österreich 1900-1950*, 2 vols. (Klagenfurt: Institut für Psychologie der Universität Klagenfurt, 1994).

¹⁰⁷ Erwin Stransky to Walter Morgenthauer, 4 March 1920, Walter Morgenthauer papers.

¹⁰⁸ Julius Wagner-Jauregg, 1927 Nobel Prize in Medicine; Konrad Lorenz, 1973 Nobel Prize in Physiology or Medicine.

¹⁰⁹ "Verein für angewandte Psychopathologie und Psychologie in Wien: Bericht über die Tätigkeit im Wintersemester 1920," 1983.

Third, whereas Stransky's program of applied psychiatry had called for aggressive "power politics" of the psychiatric profession, the association was not intended to directly pursue any professional politics or to help psychiatry become the leading science. As a matter of fact, membership was not limited to psychiatrists, and, although those were the majority, members of other disciplines participated from the beginning on. If anything, the association's professed goal was to develop psychopathological concepts and to popularize them among scholars from other disciplines.¹¹⁰

While the statutes committed the association to a certain neutrality and disciplinary openness, its self-positioning in the founding phase was more clearly reflected in the choice of honorary members. Initially, three scholars had been awarded this title, attaching the association to some of the most prestigious names in Austrian and German neuropsychiatry: Julius Wagner-Jauregg, Heinrich Obersteiner, and Emil Kraepelin. On 14 April 1920, the members of the association agreed to add five more honorary members to the list: Sigmund Freud, Robert Sommer, Gustav Aschaffenburg, Eugen Bleuler, and Walter Morgenthaler. Each of these names served a different strategic purpose in positioning the association inside the psy-disciplines. Aschaffenburg was the leading authority in the field of forensic psychiatry and psychiatric criminology, and Sommer had already established himself as a proponent of psychiatric prophylaxis; in the mid-1920s, he would become the leading founder of the mental hygiene movement in Germany.¹¹¹ While the history of Sommer and the German Association for Mental Hygiene will be discussed in more detail in chapters V and VI, notable here is the connection that apparently already existed between Stransky and Sommer before both of them became leading figures of the respective national committees of the international movement. Bleuler's name connected the association to Swiss psychiatry, as so did Walter Morgenthaler, who had already imported applied psychiatry to Switzerland in the previous year. The election of Freud, who like most of the others certainly never attended any meeting of the association, was not only meant to celebrate his achievements for applied psychopathology and psychology, which

¹¹⁰ Ibid.

¹¹¹ Roelcke, "Prävention in Hygiene und Psychiatrie."

“friend and foe equally must acknowledge,”¹¹² but also to underline the association’s neutrality and openness in the conflict-laden climate of the psy-disciplines in interwar Vienna.

The association’s professed political and disciplinary neutrality was the result of a strategic decision, to win as many members as possible and not to frighten off those who had other political and scientific views. Some years later, Erwin Stransky would even agree to be replaced by Martin Pappenheim as president of the association for this very reason. More importantly, while Stransky undoubtedly took a lead role in the founding and early development of the Association for Applied Psychopathology and Psychology, he was not the only one involved. As the others did not necessarily share all of Stransky’s ideas, the stark contrast between his strongly politicized publications and the conspicuously neutral orientation of the association may also have been the consequence of a tacit compromise between the founders trying to find the least common denominator. But if they did not agree with key aspects of Stransky’s agenda, for what reasons did others support the project of “applied psychopathology?” To answer this question, it will be worthwhile to take a closer look at Stransky’s two most important collaborators in the founding phase of the Association for Applied Psychopathology and Psychology: Bernhard Dattner (1887-1952) and Gaston Roffenstein (1882-1927).¹¹³

FROM FREUD TO STRANSKY: BERNHARD DATTNER AND GASTON ROFFENSTEIN

In many regards, the biographies of the two co-founders of the Association for Applied Psychopathology and Psychology, Bernhard Dattner and Gaston Roffenstein, turn out to be strikingly similar. They were about the same age, of Jewish origin, and both had a background in a non-medical discipline, Dattner as a jurist, Roffenstein as an actuary. More importantly, both had been promising young members of Vienna’s psychoanalytic community before the First World War. As members of the Vienna Psychoanalytic Society (*Wiener Psychoanalytische Vereinigung*), they had been at the intellectual and institutional center of psychoanalysis. Both left the society around the same time in early 1914. At this time, it had already been three years since Alfred Adler’s secession from the Freudian circle, and the reasons for Dattner and Roffenstein’s break with psychoanalysis remain unclear. It can be

¹¹² "Verein für angewandte Psychopathologie und Psychologie in Wien: Bericht über die Tätigkeit im Wintersemester 1920."

¹¹³ Stransky, "Angewandte Psychopathologie," 197.

assumed that it was a certain disillusionment with psychoanalysis that led them to independently leave the society. After the end of the First World War, they joined Stransky and applied psychiatry in 1919. Again, one can only speculate about their motives. Despite Stransky's polemics, his aggressive disciplinary expansionism and pan-German nationalism, applied psychiatry may have offered them a framework for interdisciplinary discussion and exchange that, at least in some respects, was more open than what the Freudians had to offer. Of course, this was not necessarily the only reason. Dattner was pursuing a career in neurology, and the membership in Stransky's association may also have been a possibility to become part of the formal and informal networks at Wagner-Jauregg's clinic after finishing his doctoral studies. The more Dattner became involved in the neurological research at the clinic, the less he participated in the activities of the association. Over the 1920s and 1930s, the relationship between Stransky and Dattner became increasingly difficult.¹¹⁴ This was not the case with Roffenstein, who would remain loyal to "applied psychopathology" until his untimely death in 1927.

Ten years younger than Erwin Stransky, Bernhard Dattner had only just finished his doctoral studies in medicine in the previous year when he participated in the founding of the Association for Applied Psychopathology and Psychology in early 1920. Before beginning his career in medicine, Dattner had already completed another doctorate in law. It was during his time as a law student that he had started to take an interest in psychoanalysis; first as a student in Sigmund Freud's lectures in the winter semester 1910/11, and then, from February 1911 on, as a member of the Vienna Psychoanalytic Society. For a few years, Dattner was a productive and active member of the society. On 8 March 1911, he presented a paper on "psychoanalytic problems in Dostoyevsky's Raskolnikov," and another one as part of the society's debate on onanism in 1912. In these two years, he also published two articles in the *Zentralblatt für Psychoanalyse*. Nonetheless, he soon became estranged with psychoanalysis and left the society in May 1914.¹¹⁵

It was probably around the same time that Bernhard Dattner took up his studies in medicine, and first encountered Erwin Stransky, who had been appointed as an associate professor in early

¹¹⁴ Stransky, "Aus einem Gelehrtenleben," 323.

¹¹⁵ Mühlleitner, *Biographisches Lexikon der Psychoanalyse*, 64.

1915.¹¹⁶ Following his doctorate in medicine, which he completed in June 1919,¹¹⁷ Dattner became an assistant in Julius Wagner-Jauregg's clinic, and thus a colleague of Stransky's. He specialized in neurology, participating in Wagner-Jauregg's groundbreaking research on the treatment of neurosyphilis by the inoculation of malaria taking place during the 1920s. As Stransky wrote, Wagner-Jauregg held Dattner in high esteem and would have eventually supported his habilitation; unlike Wagner-Jauregg's successor Otto Pötzl, who had his reservations against him.¹¹⁸ This may have been one reason why, apart from his position at the university, he also opened a private practice in the 9. District of Vienna.

Dattner's medical career in Vienna came to a sudden end with the annexation of Austria in March 1938. As a Jew, he was disenfranchised and persecuted by the Nazi authorities, and emigrated from Vienna to New York, like many other "Thirty-Eighters."¹¹⁹ His further career in the United States was relatively successful. From 1943 to 1947, he was an associate professor of neurology at the New York University School of Medicine, from 1945 onwards, he worked as a psychiatrist at the Montefiore and Bellevue hospitals. And like many others involved in "applied psychopathology" after the First World War, he also remained involved in questions of public health, serving as an expert for the World Health Organization, the New York State Department of Health, and the U.S. Public Health Service. Bernhard Dattner died in New York on 11 August 1952.¹²⁰

Little is known about the biography of Gaston Roffenstein, who had changed his last name from Rosenstein after the First World War.¹²¹ Born in Trieste in 1882, his parents were Jews from northern Germany. He declared himself undenominational in 1904,¹²² and the name change, although carried out more than a decade later, can probably be interpreted as another attempt to distance himself from his family's confessional background by getting rid of the Jewish-sounding name Rosenstein. He completed his studies in actuarial practice at the Vienna Technical University in 1902, and then was employed as a mathematician by the Gisela-Verein

¹¹⁶ Stransky, "Aus einem Gelehrtenleben," 323.

¹¹⁷ UAW, M 32.7-5.

¹¹⁸ Stransky, "Aus einem Gelehrtenleben," 323.

¹¹⁹ Ibid., 538; Ernest Wilder Spaulding, *The Quiet Invaders: The Story of the Austrian Impact upon America* (Vienna: Österreichischer Bundesverlag, 1968), 288.

¹²⁰ Mühlleitner, *Biographisches Lexikon der Psychoanalyse*, 64.

¹²¹ For reasons of readability, I will use the name "Roffenstein" even for the period before the name change.

¹²² Staudacher, *Austritte aus dem Judentum in Wien*, 498.

insurance company for the following years. The fact that he also worked as a secretary for a district *Volksheim* (“people’s home”) in Vienna indicates an affiliation with the labor movement or social democracy; an assumption that is also supported by some statements in his writings in the interwar period.¹²³ Although he published extensively and completed a doctorate in philosophy in 1920, Roffenstein did not have a successful academic career. After his doctorate, he became a “psycho-technic” vocational advisor for the Vienna municipality in the 1920s. Stransky recounted that Roffenstein had almost completed a habilitation in philosophy and that he would have had a fair chance of becoming a professor soon. However, on 7 September 1927, Roffenstein was hit by a car while boarding a streetcar, and died at the age of forty-five.¹²⁴

Like Bernhard Dattner, Roffenstein’s way to “applied psychopathology” had led him through psychoanalysis. In December 1910, he had joined the Vienna Psychoanalytic Society. In the following years, he participated in almost all meetings of the society, presented some papers and published several articles and thirty reviews in the *Zentralblatt für Psychoanalyse* and the psychoanalytic yearbook (*Jahrbuch für psychoanalytische und psychopathologische Forschungen*).¹²⁵ Sigmund Freud seems to have had a rather high opinion of Roffenstein, whom he described as a “good mind, mathematician by profession, philosopher, etc.” in a letter to C. G. Jung.¹²⁶

During this time, Gaston Roffenstein made his mark as a theoretician of psychopathology for the first time. In 1912, Arthur Kronfeld, who would later become the most resolute adversary of “applied psychopathology,” had published a long article, in which he scrutinized psychoanalysis from an epistemological perspective. Kronfeld’s paper was widely noticed, and even translated into Russian.¹²⁷ As Sigmund Freud wrote to Jung, “[none] of the recent critiques has made more impression than Kronfeld’s.” While Jung found that “Kronfeld is an arrogant

¹²³ Mühlleitner, *Biographisches Lexikon der Psychoanalyse*, 273; Erwin Stransky, “Gaston Roffenstein,” *Wiener Medizinische Wochenschrift* 77, no. 39 (1927): 1330-31. See also “Rosenstein, Gaston,” in *Handbuch österreichischer Autorinnen und Autoren jüdischer Herkunft, 18. bis 20. Jahrhundert*, ed. Susanne Blumesberger, et al. (Munich: Saur, 2002).

¹²⁴ Stransky, “Gaston Roffenstein,” 1330-31.

¹²⁵ Mühlleitner, *Biographisches Lexikon der Psychoanalyse*, 273.

¹²⁶ *The Freud/Jung Letters: The Correspondence between Sigmund Freud and C. G. Jung*, ed. William McGuire, trans. Ralph Manheim and R. F. C. Hull (London: The Hogarth Press and Routledge & Kegan Paul, 1977), 504.

¹²⁷ Arthur Kronfeld, “Über die psychologischen Theorien Freuds und verwandte Anschauungen: Systematik und kritische Erörterungen,” *Archiv für die gesamte Psychologie* 22, no. 2/3 (1912); Kittel, “Arthur Kronfeld zur Erinnerung,” 10-11. For a brief summary of Kronfeld’s critique, see Kauders, “Truth, Truthfulness, and Psychoanalysis,” 5.

gasbag who in my view doesn't even deserve refuting," Freud was convinced that a reply was required nonetheless.¹²⁸ As a member of the Vienna Psychoanalytic Society, it was Roffenstein who took over the task of defending psychoanalysis and to "refute this shamelessly prejudiced paper in detail" (Freud),¹²⁹ with an elaborate and extensive riposte to Kronfeld published in the psychoanalytic yearbook.¹³⁰

Both Jung and Freud were delighted with the "excellent" result, although Freud had to admit that some "things in it are of course no more intelligible to me than Kronfeld's attack, because I do not know the jargon."¹³¹ With this promising beginning in mind, it is somewhat surprising that Roffenstein's affiliation with psychoanalysis was only short-lived. After 1913, he rarely attended any meetings of the Vienna Psychoanalytic Society, and was present for the last time in February 1914 – only a few months before Bernhard Dattner left the society, too.¹³² As Stransky later claimed, "Roffenstein was too independent and critical to be under the spell of any specific doctrine."¹³³ Indeed, there is good reason to believe that Freud and the Vienna Psychoanalytic Society would not have welcomed the methodological eclecticism that characterizes his later works.

After he had turned his back to the psychoanalysts, Roffenstein continued to engage with psychology and psychopathology. But unlike Dattner, he did not set his mind on becoming a medical practitioner. Instead, he chose a career in sociology, completing his philosophical doctorate at the University of Vienna in 1920 with a dissertation on "the sociological problem of equality," although the authors of the faculty report cordially disliked the fact that his approach was strongly influenced by psychoanalysis and Adlerian individual psychology.¹³⁴ Nonetheless, to this border area between psychology and psychopathology on the one side, and sociology on the other, Roffenstein would continue to devote the larger portion of his work. It was this interdisciplinary research interest that led Roffenstein to join Stransky's circle and to

¹²⁸ *The Freud/Jung Letters*, 504-05.

¹²⁹ *Ibid.*, 504.

¹³⁰ Gaston Rosenstein, "Eine Kritik," *Jahrbuch für psychoanalytische und psychopathologische Forschungen* 4, no. 2 (1912).

¹³¹ *The Freud/Jung Letters*, 504-05, 43. However, Ernest Jones found Roffenstein's paper "rather diffuse," see R. Andrew Paskauskas, ed. *The Complete Correspondence of Sigmund Freud and Ernest Jones, 1908-1939* (Cambridge, Mass.: Harvard University Press, 1993), 197.

¹³² Mühlleitner, *Biographisches Lexikon der Psychoanalyse*, 273.

¹³³ Stransky, "Gaston Roffenstein," 1331.

¹³⁴ UAW, Phil.Rig.Akt 4783.

take a lead role in its subsequent institutionalization as an association as one of the founding members and a member of the association's board. As Stransky saw it, Roffenstein – albeit not a clinical practitioner – had penetrated the field of psychology and psychopathology like few others; in the Association for Applied Psychopathology and Psychology, “he was one of the leading thinkers, and in many regards even the leading one.”¹³⁵

The important role of Gaston Roffenstein in the first years of the association is also exemplified by the fact that it was him, and not Stransky, who officially opened the association's scientific program with a first lecture on 4 February 1920. This lecture on the “psychology and psychopathology of contemporary history,” which was published as the fourth volume of Walter Morgenthaler's *Arbeiten zur angewandten Psychiatrie* on initiative of Stransky in the following year, clearly shows the lines that Roffenstein's thought would be following in the next years. As Roffenstein's talk made clear from the beginning, he was – despite his key role in the institutionalization of applied psychiatry and his lasting loyalty to the concept and the program – not just a follower of Stransky but an independent thinker in his own right. Both politically and scientifically, Roffenstein went his own way. Politically, Roffenstein never shared Stransky's staunch pan-German nationalism, holding moderate left-wing views instead. He opposed “aggressive nationalism” and anti-Semitism, and advocated a “reformed Marxism,” that had overcome any reductionist materialism and would be able to approach sociological questions with a “multi-dimensional diagnosis.”¹³⁶

Stransky was well aware of their diverging political opinions, and in his preface to the 1921 publication of the opening talk, he explicitly warned against the “less desirable political conclusions” that might be drawn from Roffenstein's essay.¹³⁷ Nonetheless, Stransky also stressed the important scientific contribution to “applied psychopathology,” and supported the publication. It was him who had encouraged Roffenstein to publish the talk in the first place, and probably helped him to prepare the manuscript.¹³⁸ Yet, he would not give up the hope that

¹³⁵ Stransky, “Gaston Roffenstein,” 1330.

¹³⁶ See, in particular, Gaston Roffenstein, “Das Problem der Ideologie in der materialistischen Geschichtsauffassung und das moderne Parteiwesen,” in *Partei und Klasse im Lebensprozeß der Gesellschaft*, ed. Richard Thurnwald, *Forschungen zur Völkerpsychologie und Soziologie* (Leipzig: C.L. Hirschfeld, 1926), esp. 45-46.

¹³⁷ Roffenstein, *Zur Psychologie und Psychopathologie der Gegenwartsgeschichte*, unnumbered preface.

¹³⁸ Walter Morgenthaler to Erwin Stransky, 19 April 1920, Walter Morgenthaler papers.

– despite Roffenstein’s “pessimism” – his publication might also show up new ways for “future prophylaxis and hygiene in social life.”¹³⁹

While he certainly shared Stransky’s basic assumptions about the potentials of psychopathological explanations for social and political phenomena and continued to use the label applied psychiatry until the last writings before his death in 1927, Roffenstein also held views on the nature of psychiatry and psychology that were entirely different from those of Stransky.¹⁴⁰ In particular, this was the case in the debate on the question whether the psy-disciplines should orient themselves towards philosophy or towards the sciences, and towards biology and neurology in particular. On several occasions, Stransky had taken a stance against any philosophical tendency in psychiatry and had vehemently attacked Arthur Kronfeld, Karl Jaspers, Karl Birnbaum, and others. Roffenstein did not share Stransky’s enmities. He published two books in a series edited by Kronfeld, *Kleine Schriften zur Seelenforschung*, and sided with him in the debate on the epistemological orientation of the psy-disciplines – although Kronfeld had been the most outspoken adversary of applied psychiatry in the immediate post-war period and had subsequently engaged in a fierce and polemical debate with Stransky.

Moreover, Roffenstein even declared that he “wholeheartedly” rejected the idea that psychology should be understood as a natural science – a position diametrically opposed to Stransky and his frequent and emphatic tirades against any philosophical approach to psychology.¹⁴¹ Nonetheless, and different from what Stransky’s temper might give reason to expect, these political and scientific differences did not lead to any personal conflict between the founders of “applied psychopathology.” As the following discussion of his troubled relationship with psychoanalysis and the psychoanalysts will show even more clearly, Stransky’s polemics against other psychiatric and psychological schools hide the fact that scientific differences often mattered less than personal sympathies.

¹³⁹ Roffenstein, *Zur Psychologie und Psychopathologie der Gegenwartsgeschichte*, unnumbered preface.

¹⁴⁰ Gaston Roffenstein, “Einige grundsätzliche Bemerkungen zum Problem Psychopathologie und Gesellschaft,” *Zeitschrift für die gesamte Neurologie und Psychiatrie* 109(1927): 151.

¹⁴¹ Gaston Roffenstein, *Das Problem des psychologischen Verstehens: Ein Versuch über die Grundlagen von Psychologie, Psychoanalyse und Individualpsychologie*, *Kleine Schriften zur Seelenforschung* (Stuttgart: Julius Püttmann, 1926), 9. See also Gaston Roffenstein, *Das Problem des Unbewußten*, *Kleine Schriften zur Seelenforschung* (Stuttgart: Julius Püttmann, 1923).

RAPPROCHEMENT AND POLEMICS

The meeting on psychoanalysis on 26 April 1920 was one of the very first activities of the newly founded Association for Applied Psychopathology and Psychology.¹⁴² As Erwin Stransky not unjustly claimed, this “serious, critical, and nonetheless dispassionate debate on the topic of psychoanalysis” was the first event of its kind to take place in the “complex-laden atmosphere of Vienna.” And Stransky had high hopes for the meeting: “Both sides – and the psychoanalysts in particular – have to come out of their [ivory] towers! [...] In the mutual complementarity of all schools lies the true progress.”¹⁴³ For this aim, the organizers had succeeded in gathering a remarkable group of discussants from different backgrounds, including the founders of the Association for Applied Psychopathology and Psychology, Stransky, Dattner, and Roffenstein, the prominent psychoanalysts Paul Federn, Paul Schilder, Eduard Hitschmann, Otto Pötzl, and Josef Karl Friedjung (1871-1946),¹⁴⁴ but also the fanatic anti-Semite Arthur Trebitsch (1880-1927).

Rudolf Allers (1883-1963), who gave the extensive introductory lecture at the meeting, was one of the central figures in psychotherapy in the interwar period, both in Vienna and beyond. He had been a dedicated psychoanalyst (albeit not a member of the Vienna Psychoanalytic Society) for some time,¹⁴⁵ before becoming one of the leading representatives of individual psychology. In 1927, he left the Adlerians following a political disagreement with Alfred Adler and left-wing members of his school. After his rift with Adler, Rudolf Allers, who was born Jewish but had converted to Catholicism earlier, embraced religion. Rediscovering the Adlerian concept of community in medieval Christian traditions, he propagated a notion of psychotherapy that was based on the necessity of the patient’s submission under the Catholic dogma.¹⁴⁶ Despite this rather marginal position, he was a regular author for the *Allgemeine Ärztliche Zeitschrift für Psychotherapie* and one of the journal’s editors from 1930 to 1934.¹⁴⁷

¹⁴² Stransky and Dattner, *Über Psychoanalyse*.

¹⁴³ Ibid., 1.

¹⁴⁴ On Friedjung, see Helmut Gröger, “Josef K. Friedjung,” in *Vertriebene Vernunft II: Emigration und Exil österreichischer Wissenschaft. Internationales Symposium, 19. bis 23. Oktober 1987 in Wien*, ed. Friedrich Stadler (Vienna and Munich: Jugend und Volk, 1988).

¹⁴⁵ Stransky and Dattner, *Über Psychoanalyse*, 15.

¹⁴⁶ Alfred Lévy, “Rudolf Allers - ein katholischer Individualpsychologe,” in *Gestalten um Alfred Adler: Pioniere der Individualpsychologie*, ed. Alfred Lévy and Gerald Mackenthun (Würzburg: Königshausen & Neumann, 2002).

¹⁴⁷ On the circumstances of Allers’s dismissal after 1933, see Lockot, *Erinnern und Durcharbeiten*, 335-36.

When giving his talk for the Association for Applied Psychopathology and Psychology in 1920, Allers referred neither to Adler nor to Catholicism. Instead, his critique of psychoanalysis was based on epistemological reflections, similar to those published by Arthur Kronfeld before the war. As Allers made clear from the beginning, the clinical practice of psychoanalytic therapy was of no concern to his argument. Neither the failures nor the successes of a therapeutic method, he argued, could conclusively prove or disprove it. The only way to thoroughly examine a theory like psychoanalysis was to scrutinize its own intrinsic argumentation for its logical coherence. And from this perspective, his judgment of psychoanalysis was withering: Pointing out three fallacies of *petitio principii*, Allers came to the conclusion that the core concepts of psychoanalysis – resistance, determination, and the meaningfulness of associations – were based on a reasoning that already presupposed the whole of the theory that it claimed to constitute. And as psychoanalysis relied on faulty reasoning, it was hence refuted as a theory. However, this was not the only layer of Allers’s critique. He accused psychoanalysis of being based on logical fallacies, and criticized it for its rationalizing approach. Not without some pessimism about the possibilities of psychological analysis and treatment, he stated that “every living thing, including the soul, is essentially unanalyzable.”¹⁴⁸

Allers’s attack against some of the corner stones of the Freudian theory triggered a heated discussion. It will not be possible to retrace here all aspects of this interesting and extensive debate, which certainly gives a broad overview of the arguments surrounding psychoanalysis in the first third of the twentieth century. Suffice it to briefly highlight some of the main positions, which, more often than not, revolved around two questions: whether psychoanalysis was a sound scientific method, and how psychoanalysis on the one side, and academic psychiatry and psychopathology on the other, should stand relative to each other.

The contenders of psychoanalysis, namely Paul Schilder, Paul Federn, Eduard Hitschmann, Otto Pötzl, and Martin Pappenheim, elaborately defended Freud’s ideas against Allers’s criticism, rejecting both the latter’s approach and his conclusions. As the most radical representative of the Freudian camp, Hitschmann, unequivocally stated, psychoanalysis was not on the defensive, but still had ground to gain. Ultimately, academic psychopathology would

¹⁴⁸ Stransky and Dattner, *Über Psychoanalyse*, 21, 45.

not have to be complemented, but fully based on psychoanalytic principles: “Psychopathology will either be understanding, that is: psychoanalytic, or it will – not be!” And, not without some pathos, he concluded: “The triumph of psychoanalysis can no longer be stopped!”¹⁴⁹

At the opposite end of the debate stood Arthur Trebitsch, an outsider at the meeting. Unlike the other discussants, he had no connection to medicine, neither to academic psychiatry nor to psychoanalysis. Instead, Trebitsch, a prolific publicist, owed his questionable reputation to the fact that he was probably the most radical and fanatic anti-Semite that early twentieth-century Vienna could muster.¹⁵⁰ In his attack against psychoanalysis, which was by far the most aggressive uttered in the meeting, he did not bother himself with questions of epistemology or therapeutic effectiveness, but claimed that the debate on psychoanalysis had, first and foremost, to be a debate about race. As Trebitsch’s muddled statement alleged, Freudian psychoanalysis was an expression of deviant Jewish sexuality and had no validity for the psyche of non-Jews.¹⁵¹

Trebitsch’s views very certainly no consensus among the discussants. Nevertheless, only Erwin Stransky formulated a direct response, and it was anything but an unequivocal repudiation of Trebitsch’s anti-Semitic defamation of psychoanalysis. In his short statement, he called Trebitsch’s statement “remarkable,” but demurred that his ideas were certainly not universally valid, as the example of “the large Swiss psychoanalytic school and its racial composition” indicated. As the later history of psychotherapy in the twentieth century shows, Trebitsch had anticipated ideas that would gain considerable momentum after the Nazis came to power in 1933. In the 1930s, the leading representative of the “large Swiss psychoanalytic school” mentioned by Stransky, Carl Gustav Jung, as well as Erwin Stransky himself, among many others, would declare that racial differences between Jews and non-Jews also implied significant psychological differences that were an obstacle to psychoanalysis’ claims to universality.¹⁵²

¹⁴⁹ Ibid., 65. See also Hitschmann’s scathing review of Allers’s talk, Eduard Hitschmann, “R. Allers: Über Psychoanalyse,” *Internationale Zeitschrift für Psychoanalyse* 10, no. 4 (1924).

¹⁵⁰ Brigitte Hamann, *Hitlers Wien: Lehrjahre eines Diktators*, 3rd ed. (Munich: Piper, 1996), 329-33. The psychotherapist Alfred Springer has stressed the similarities and connections between Allers’s and Trebitsch’s critique of psychoanalysis and described both as representatives of Jewish self-hate. This assertion is, however, strongly overstated, see Springer, “Die Verwirklichung der ‘geeinten deutschen Seelenkunde,’” 108-11.

¹⁵¹ Stransky and Dattner, *Über Psychoanalyse*, 98-100; Hamann, *Hitlers Wien*, 331.

¹⁵² Carl Gustav Jung, “Zur gegenwärtigen Lage der Psychotherapie,” *Zentralblatt für Psychotherapie* 7, no. 1 (1934); Stransky, “Rasse und Psychotherapie.” For a broader discussion see also Andrea Adams, *Psychopathologie und “Rasse:” Verhandlungen “rassischer” Differenz in der Erforschung psychischer Leiden (1890-1933)* (Bielefeld: transcript, 2013).

As far as the relation between psychiatry and psychoanalysis was concerned, the positions at the 1920 meeting diverged strongly. Hitschmann had given a particularly radical outlook on the future of psychoanalysis in psychopathology that was certainly not shared by all participants in the meeting. The co-founders of the Association for Applied Psychopathology and Psychology – Bernhard Dattner and Gaston Roffenstein, who were both former members of the Vienna Psychoanalytic Society – tried to find a mediating position, “without the absolute rejection of most academic psychiatrists, without the fanatic belief of the psychoanalysts” (Roffenstein).¹⁵³ Erwin Stransky positioned himself in like manner. Although he agreed with the key aspects of Allers’s epistemological critique, he also acknowledged some important contributions of psychoanalysis to psychopathology, namely the idea of varying quantities of energy in emotional life, and – closer to actual psychoanalytic theory – the concept of sublimation. In some respects, he argued, psychoanalysis had been an excessive, but nonetheless a necessary and valuable reaction to shortcomings of academic psychiatry. Psychoanalysis might have overrated the role of the psychological, and of sexuality in particular, but this had only been possible because psychiatry in turn had ignored these factors. Consequently, Stransky was convinced that psychiatrists and psychoanalysts had much to learn from each other, but he was also ready to accept psychoanalysis “on the full-worthy place in the realm of psychopathology and psychology, on which, as a valuable tool for the understanding of the human mind (*Seelenforschung*), it has every right.”¹⁵⁴ This was a rather diplomatic position for a self-declared opponent of psychoanalysis. However, Stransky’s opinion on psychoanalysis would change soon, and political and personal factors were to play a most important role.

Only a few months after the meeting between psychoanalysts and mainstream psychiatrists convened by the young Association for Applied Psychopathology and Psychiatry in March 1920, another important public conflict took place between the two schools. As has already been mentioned in the previous section, public accusations of having mistreated soldier-patients during the war led to an inquiry against Julius Wagner-Jauregg – with Sigmund Freud appointed as the main expert witness. It is not surprising that the hearings, which took place on 14 and 16 October 1920, came to revolve around the conflict between psychoanalysis and academic neuropsychiatry. Deeply scandalized by the accusations against his superior, Stransky

¹⁵³ Stransky and Dattner, *Über Psychoanalyse*, 86.

¹⁵⁴ *Ibid.*, 90.

published an opinion piece in the Vienna medical weekly in defense of Julius Wagner-Jauregg, which also included a harsh critique of psychoanalysis.¹⁵⁵ This time, his reflections were not based on questions of scientific validity and therapeutic effectiveness, but on social-Darwinist claims about the role of medicine in society. As the question of military psychiatry was concerned, Stransky opined that psychoanalysis was not the appropriate method. Psychoanalytic therapy had to lengthily dwell on the individual case, while the military physicians had to treat their patients quickly, efficiently, and *en masse*. To some extent, this could be understood as an implicit acknowledgment of the effectiveness of the psychoanalytic method in civil psychotherapy.

However, Stransky was now less concerned with psychotherapy on an individual level, and rather with the mental health of the national collective. In this perspective, the public attacks against Wagner-Jauregg and the psychoanalysts' repudiation of the therapeutic pedagogy used in wartime psychiatry were misguided and harmful. Moreover, the accusations against Wagner-Jauregg were expressions of anti-medical resentments firmly embedded in an effeminate, aestheticizing and decadent worldview, culminating in the celebration of a right to anti-social neurosis and sickness. Juxtaposing egocentrism, hysteria, and the "unhealthy aestheticism" of the Paris *Salpêtrière* to "Nordic rigor," Stransky used the inquiry against Wagner-Jauregg for a broadside of cultural criticism; promoting "Nordic" – that is, Prussian and Protestant – rigor against the Frenchifying decadence of Catholic Vienna.

In line with his vision of the psychiatrist as a socio-political expert and his later reflections on the psychotherapist as a strict pedagogical leader, Stransky claimed that the public ideal of a gentle and caring physician was nothing but decadent "pseudo-humanity." The "good man and physician" had to be unrelenting and forceful in order to heal, and had to consider the submission of the individual under the demands of society to be self-evident. Stransky's subsequent criticism of psychoanalysis was based on this idea of the relation between the authoritative physician and the welfare of the body politic. Instead of merely engaging in a process of "introspective dissolution" of the psyche, analysis would have to serve the "organizing therapeutic integration" of the hysterical individual into an organic community. The reproach that psychoanalysis had a corrosive effect on the national community would

¹⁵⁵ Erwin Stransky, "Die Verhandlung gegen Hofrat Professor Dr. Wagner-Jauregg und Genossen. Oder: Dank vom Hause Österreich. Ein Nachruf," *Wiener Medizinische Wochenschrift* 70, no. 45 (1920).

become a recurring motive of Stransky's critique of psychoanalysis until the 1960s, and it was here that the proximity of his positions to the anti-Semitic attacks against Freud and his school became most manifest.

Despite these ideological objections against psychoanalysis, Stransky made one more attempt to reach out to the Freudians in the following year.¹⁵⁶ Reacting to a negative review of one of his recent articles by Eduard Hitschmann, he published another commentary in the Vienna medical weekly, again calling for dialogue and cooperation between psychoanalysis and psychiatry. This time the offer was spiked with harsh criticism and betrayed a considerable ambivalence in Stransky's position. By now, the question of psychoanalysis' relation to psychiatry had ceased to be of academic interest only, and had become a highly personal and emotional matter. Ostensibly, Stransky repeated the same view that he had already advanced in the previous year. Regardless of its scientific shortcomings, he acknowledged that psychoanalysis had every right to claim "citizenship" in the community of the psychiatric and psychological theories. More explicitly than before, he also made clear who was to be blamed for the persistent gap between the different schools. What stood in the way of psychoanalysis' academic acceptance was the comportment of its representatives, which was sectarian and arrogant:

I want to say it frankly: The psychoanalytic school is, sadly, cultivating a very specific mentality, a mentality of sectarian and fanatic, limitless intolerance that in some cases develops into personal arrogance against anyone who does not confess himself in its favor; to them, psychoanalysis is not one of many, but *the* source of knowledge per se.¹⁵⁷

While his published statements on psychoanalysis were harsh and polemical, Stransky had to take into consideration both the conventions of a public debate in the scientific community and the fact that a number of psychoanalysts were also active members of the Association for Applied Psychopathology and Psychology, whose withdrawal would have significantly impaired the young association. In his private correspondence, he did not have to water down

¹⁵⁶ Erwin Stransky, "Psychoanalyse und Kritik," *Wiener Medizinische Wochenschrift* 71, no. 16 (1921). For Hitschmann's mocking reply, see Eduard Hitschmann, "Prof. Erwin Stransky: Psychoanalyse und Kritik," *Internationale Zeitschrift für Psychoanalyse* 8, no. 2 (1922).

¹⁵⁷ Stransky, "Psychoanalyse und Kritik," 718.

his opinions. As became apparent in a letter sent to Walter Morgenthaler on 26 May 1921, Stransky's actual resentment against the psychoanalysts by far exceeded his published views. In his account, the Vienna psychoanalysts were a malevolent clique, conspiring against Stransky personally.

The reason for Stransky's anger was that he had initially planned to publish Rudolf Allers's 1920 talk and the ensuing discussion in Morgenthaler's series *Arbeiten zur angewandten Psychiatrie*. The Swiss publisher, Ernst Bircher, had refused to print the manuscript, possibly because he considered the topic to be delicate. The specific situation in Switzerland, where psychoanalysis was relatively well-established in the medical profession may well have been the underlying reason. Instead, the proceedings of the debate in Vienna would only be published in 1922, in a renowned series edited by the eminent German psychiatrist Karl Bonhoeffer. Stransky was convinced that Bircher's rejection was the outcome of oblique machinations that had forced the publisher to take a pass on the manuscript. Now far from any academic engagement with Freud's theories, personal frustration about bad reviews and worries about his academic career had gradually turned his image of psychoanalysis into that of a sinister conspiracy. His dark murmurings on the subject seem to betray his explicit claim of not being paranoid:

In short, perhaps I am mistaken, but the impression cannot be shrugged off that a dark cloud is looming once again, because I am on the 'black list' of a certain, very powerful and diverse clique, whose tendency it is to 'finish me off' by hushing me up, by malicious reviews, and by other means, afraid that I eventually might get a chair, something that they try to thwart for different – not only personal – reasons. I hold this clique to be capable of spitting poison through channels which cannot be controlled.¹⁵⁸

It comes as no surprise that, in the long run, Stransky's resentment against psychoanalysis unavoidably led to problems. From the beginning, numerous psychoanalysts had participated in the seminars of the Association for Applied Psychopathology and Psychology, and the association had acknowledged their participation by electing Sigmund Freud and Eugen Bleuler as honorary members on 14 April 1920. But after a promising start, the psychoanalysts began

¹⁵⁸ Erwin Stransky to Walter Morgenthaler, 26 May 1921, Walter Morgenthaler papers.

turning their backs on the association, and Stransky, despite all his reservations, had to realize that they could not do without them; that is, if they did not want to lose some of their brightest and most active members. The situation exacerbated when the psychoanalysts began to support a concurring association, formally a students' group, that threatened to replace the Association for Applied Psychopathology and Psychology.¹⁵⁹

Stransky, not unjustly, grew convinced that the main reason for the psychoanalysts' exodus was himself. As he admitted, his "never un-objective, but sharp antagonism to the intellectual somersaults and the propaganda methods of the Freudian and Adlerian schools" had earned him the hostility of these circles. However, Stransky was also convinced that his outspoken rejection of the new psychological schools was not the only reason. His psychoanalytic adversaries, he claimed, had found allies among those Jewish colleagues who disliked him for his conversion to Protestantism and accused him of being a "Jewish anti-Semite" and a "Nazi" – two reproaches that Stransky emphatically rejected.¹⁶⁰ Stransky's account probably drew a somewhat distorted picture of the situation; nevertheless, it does not seem implausible that his German-nationalist and anti-Jewish views did not sit well with many left-leaning, Jewish psychoanalysts and individual psychologists. To some extent, Stransky found himself in an ironic situation. In late 1918, he had been forced to leave a pan-German nationalist party for being Jewish; some years later, the problem, as he saw it, was that he was not considered Jewish enough.

MARTIN PAPPENHEIM

To save the Association for Applied Psychopathology and Psychology, a radical measure became necessary. In summer 1927, Stransky resigned as head of the association, leaving the position to Martin Pappenheim (1881-1943).¹⁶¹ For the next years, Stransky would remain a member of the association's consulting board and an active participant in its activities, while the general decisions on the direction of the association were from now on made by Pappenheim. The change of management proved to be successful. As the association was no

¹⁵⁹ Stransky, "Aus einem Gelehrtenleben," 502.

¹⁶⁰ Ibid., 502-03.

¹⁶¹ Ibid., 503. Pappenheim was first mentioned as head of the association in June 1927, "Verein für angewandte Psychopathologie und Psychologie: Sitzung vom 20. Juni 1927," *Wiener Medizinische Wochenschrift* 77, no. 47 (1927).

more attached to Stransky's name, the psychoanalysts returned and the association flourished again. In 1930, the tenth anniversary of its foundation was celebrated with a large international conference in Vienna – the “I. International Conference for Applied Psychopathology and Psychology.”

While largely forgotten today, Martin Pappenheim was an eminent and well-connected figure in the medical and political worlds of interwar Vienna. During his military service in the First World War, he had attended to the imprisoned Sarajevo assassin Gavrilo Princip (1894-1918) as a prison physician in the fortress of Theresienstadt.¹⁶² Later in the 1920s, Pappenheim was the only professor of the medical school who became closely affiliated with the Freudians apart from his colleagues Otto Pötzl and Paul Schilder.¹⁶³ Certainly, this was the main reason why he could become a uniting figure for members of both camps in Stransky's association. He was a representative of academic psychiatry and an associate professor in psychiatry and neurology since 1924, but also a dedicated psychoanalyst.¹⁶⁴ This was not his only qualification as Stransky saw it: “Influential circles” had not only tried to obstruct the association due to the conflict between academic psychiatry and psychoanalysis, but also due to Stransky's political convictions and his rejection of his Jewish origin. As an “emphatic Jew and a warm friend of psychoanalysis,” Stransky claimed, Pappenheim simply had a “vastly better ‘press’” than he had.¹⁶⁵

As for Pappenheim's relation to psychoanalysis, Stransky was certainly right. Pappenheim had first attended a meeting of the Vienna Psychoanalytic Society in 1912. This meeting was only a first step in Pappenheim's gradual rapprochement to psychoanalysis. In the 1920 debate on psychoanalysis, he had cautiously positioned himself in favor of psychoanalysis, but had nonetheless stated that he neither was a member of the closer circle around Freud, nor agreed with the psychoanalytic theory in its entirety.¹⁶⁶ Later in the 1920s, Pappenheim became more closely connected to the psychoanalytic establishment in Vienna, becoming a frequent guest of

¹⁶² Pappenheim's minutes of his conversations with Princip, published as a brochure in 1926, are certainly the most valuable source on the latter's personality, see R[atko] P[arenžanin], ed. *Gavrilo Princip's Bekenntnisse: Ein geschichtlicher Beitrag zur Vorgeschichte des Attentats von Sarajevo* (Vienna: Rudolf Lechner & Sohn, 1926). For a recent popular scientific publication drawing on this source, see Gregor Mayer, *Verschwörung in Sarajevo: Triumph und Tod des Attentäters Gavrilo Princip* (St. Pölten et al.: Residenz Verlag, 2013).

¹⁶³ Pappenheim, *Hölderlin, Feuchtersleben, Freud*, 30.

¹⁶⁴ UAW, S 304.924. Stransky, “Aus einem Gelehrtenleben,” 503.

¹⁶⁵ *Ibid.*

¹⁶⁶ Stransky and Dattner, *Über Psychoanalyse*, 58-59.

the Freuds, and a member of the Vienna Psychoanalytic Society from 1928 onwards.¹⁶⁷ After his emigration to Palestine, Pappenheim became one of the eminent psychoanalysts of the Yishuv, counting among his patients the first mayor of Tel Aviv, Meir Dizengoff (1861-1936) and the famous Hebrew poet Hayam Nahman Bialik (1873-1934).¹⁶⁸

At first glance, Martin Pappenheim's emigration to Palestine in 1934 – at a time when Jews in Austria did not yet face direct persecution – seems to strongly support Stransky's claim that Pappenheim was in fact an "emphatic Jew." Stransky would later describe Pappenheim's emigration as the return of a religious Jew to the "land of his fathers" in anticipation of "the onslaught of Hitlerism."¹⁶⁹ However, there are good reasons not to believe Stransky's account: First, Pappenheim's anticipation of the *Anschluss* in 1934 would have been a case of exceptional political clairvoyance. Second, it is directly contradicted by the memoirs of Martin Pappenheim's daughter of the first marriage, the distinguished psychoanalyst Else Pappenheim (1911-2009). Although Jewish by birth, Martin Pappenheim grew up in a non-observant family and was anything but a religious Jew. After his arrival in Palestine, he frequently complained about the important role of religion in the Yishuv in his letters to his friend Karl Grosz.¹⁷⁰ Moreover, Pappenheim did not consider himself Jewish in political terms and was never affiliated with the Zionist movement.¹⁷¹ For his first marriage in 1908, Pappenheim converted to Protestantism – as atheism and civil marriage were no options in the Habsburg Empire, his daughter would later argue, Protestantism had been the "next best thing to atheism."¹⁷² Before his second marriage in 1918, and under changed political circumstances, he went one step further and declared himself nondenominational.¹⁷³

Stransky's peculiar insistence on Pappenheim's Jewishness concealed another, political story of some interest. Instead of a religious Jew or a staunch Zionist, Pappenheim was a left-wing

¹⁶⁷ Mühlleitner, *Biographisches Lexikon der Psychoanalyse*, 241-42; Danto, *Freud's Free Clinics*, 6. Note that Martin Pappenheim was not related to the Austro-Jewish feminist Berta Pappenheim, who became famous as Sigmund Freud's and Josef Breuer's patient "Anna O."

¹⁶⁸ Pappenheim, *Hölderlin, Feuchtersleben, Freud*, 46-47.

¹⁶⁹ Stransky, "Aus einem Gelehrtenleben," 504.

¹⁷⁰ See, for example, Martin Pappenheim to Frieda and Karl Grosz, 30 March 1934, ÖNB HANNA Autogr. 1188/30-6.

¹⁷¹ Else Pappenheim, "Zeitzeugin," in *Vertriebene Vernunft II: Emigration und Exil österreichischer Wissenschaft. Internationales Symposium, 19. bis 23. Oktober 1987 in Wien*, ed. Friedrich Stadler (Vienna and Munich: Jugend und Volk, 1988), 221.

¹⁷² Pappenheim, *Hölderlin, Feuchtersleben, Freud*, 22-23.

¹⁷³ *Ibid.*, 46-47.

social democrat and an eminent representative of the Freudian left.¹⁷⁴ From September 1920 onwards, he had spent one year on a study tour through post-revolutionary Soviet Russia and Ukraine, where he visited numerous clinics and hospitals, among them also some of the newly founded psychoanalytic institutions, and made the acquaintance of the eminent Russian neurologist Vladimir Bekhterev.¹⁷⁵ After his return to Vienna in autumn 1921, Pappenheim spoke very positively about his experiences in the socialist countries; acknowledging the manifold problems, but also highlighting the “good will” of the Soviet authorities to improve public health as good as was possible under the given circumstances.¹⁷⁶ In the following years, he became an active social democrat, well-connected with leading members of the party, and worked for the city government of “Red Vienna.”¹⁷⁷ Likewise, his younger sister, the physician Marie Frischauf (1882-1966) was politically active on the left. In 1928, together with Wilhelm Reich, she founded the “Socialist Society for Sexual Counselling and Research” (*Sozialistische Gesellschaft für Sexualberatung und Sexualforschung*), which operated six sexual counselling offices for workers in Vienna.¹⁷⁸

Political, and not religious reasons were the cause for Martin Pappenheim’s emigration in 1934. From late 1933, Pappenheim was on a six-month lecture tour in Palestine. He had intended to return to Austria in February 1934; shortly before his scheduled return, however, the Austrian Civil War broke out. In Vienna, leading social democrats, including many friends and acquaintances of Martin Pappenheim, were arrested by the triumphant Austro-Fascists. Among others, Otto Bauer (1881-1938), then the deputy chairman of the Social Democrats and the leading theoretician of Austro-Marxism, warned him not to return to Austria, and to remain in Palestine. Pappenheim heeded his advice.¹⁷⁹

¹⁷⁴ Danto, *Freud's Free Clinics*.

¹⁷⁵ Martin Pappenheim, “[Report from Soviet Russia],” *Internationale Zeitschrift für Psychoanalyse* 7, no. 3 (1921); Mühlleitner, *Biographisches Lexikon der Psychoanalyse*, 241. On psychoanalysis in Soviet Russia, see Alexander Etkind, *Eros des Unmöglichen: Die Geschichte der Psychoanalyse in Rußland*, trans. Andreas Tretrner (Leipzig: Gustav Kiepenheuer, 1996), 219-78.

¹⁷⁶ Martin Pappenheim, “Medizinisches und Aerztliches aus Sowjetrußland,” *Wiener Klinische Wochenschrift* 35, no. 8 (1922): 186.

¹⁷⁷ Mühlleitner, *Biographisches Lexikon der Psychoanalyse*, 242.

¹⁷⁸ Karl Fallend, “Marie Frischauf-Pappenheim,” in *Personenlexikon der Sexualforschung*, ed. Volkmar Sigusch (Frankfurt am Main: Campus, 2009).

¹⁷⁹ Pappenheim, “Zeitzeugin,” 221. In a 1978 letter to Ernst Federn, Else Pappenheim also mentioned [the psychoanalyst Helene] Deutsch and [the social democrat politician Karl] Seitz, see Else Pappenheim to Ernst Federn, 11 March 1978, ÖNB HANNA Autogr. 1497/38(1-4).

In the beginning, Martin Pappenheim and his third wife, Rose, had difficulties adapting to their new life in Tel Aviv, with its unfamiliar climate and a cultural life that at the time was a far cry from Vienna.¹⁸⁰ Nonetheless, he entertained high hopes for his future career in Palestine, and although numerous other physicians fleeing from Germany were crowding the medical job market, the prospects initially seemed good. The establishment of a new psychiatric hospital was planned in the vicinity of Tel Aviv. Pappenheim was the first professor of neurology to immigrate to Palestine, and his excellent connections to the psychoanalysts and the movement for mental hygiene additionally recommended him for the position as director of the new institution. He prepared detailed plans for a clinic that would follow the principles of “open care,” and Jewish and British authorities held out to realize his plans and promised him the position as head of a future medical faculty.¹⁸¹

His hopes were quickly disappointed, however. Shortly after his arrival, Pappenheim’s renunciation of Judaism and the fact that his immigration was motivated by domestic politics in Austria rather than by Zionist convictions led to some conflict, shedding light on the complicated relation between the Zionist authorities in the Yishuv and the new arrivals from Europe. Members of the Vienna Jewish community warned the authorities in Tel Aviv that Pappenheim had cut his ties to the local community, and, moreover, even claimed that Pappenheim was considering to leave Palestine for Soviet Russia. As a consequence, the city authorities of Tel Aviv broke off negotiations with Pappenheim, declaring in an open letter in the Zionist journal *Die Neue Welt* that they could not be in contact with people who “are considered to be traitors to our people.”¹⁸² Although he did receive neither the position in the clinic nor the promised professorship, Martin Pappenheim remained in Palestine, where he died in autumn 1943.¹⁸³

It is difficult to explain why Stransky preferred to see Martin Pappenheim as a deeply religious Jew instead of the irreligious, left-wing social democrat that he actually was. As a long-time colleague of Pappenheim at the medical faculty, Stransky certainly would have known better.

¹⁸⁰ A good impression of the Pappenheim couple’s first months in Tel Aviv can be won from their letters to Frieda and Karl Grosz, see ÖNB HANNA Autogr. 1188/30(1-16).

¹⁸¹ Eran Rolnik, *Freud auf Hebräisch: Geschichte der Psychoanalyse im jüdischen Palästina*, trans. David Ajchenrand (Göttingen: Vandenhoeck & Ruprecht, 2013), 140; Pappenheim, “Zeitzeugin,” 221.

¹⁸² Rolnik, *Freud auf Hebräisch*, 141.

¹⁸³ Pappenheim, “Zeitzeugin,” 221.

Notably, Stransky had acted in a similar way in 1927, when his obituary for Gaston Roffenstein had omitted every reference to the fact that his closest collaborator in the early days of applied psychopathology had been involved with the Vienna social democrats.¹⁸⁴ Without doubt, the matter of party politics was a strongly emotional one for Stransky, as was the question of Jewishness. And while he obviously had difficulties to acknowledge that the political views of his two closest collaborators in the Association for Applied Psychopathology and Psychology were diametrically opposed to his own, the narrative of Martin Pappenheim as a Jewish psychoanalyst seems to have fitted his worldview better; regardless of the fact that, while many early psychoanalysts were indeed Jews, none of them were deeply religious.¹⁸⁵

THE I. INTERNATIONAL CONFERENCE FOR APPLIED PSYCHOPATHOLOGY, 1930

It was during the time of Martin Pappenheim's presidency that the Association for Applied Psychopathology and Psychology experienced its greatest success. Like mental hygiene, applied psychopathology reached its apogee with an international conference held in 1930. Exactly one month after the great congress in Washington D.C. in early May, the adherents of applied psychopathology met for a three-day conference in Vienna.¹⁸⁶ Certainly, despite its similar-sounding name, the First International Conference for Applied Psychopathology could match neither the size nor the international scope of the mental hygiene congress. With a very few exceptions, "international" here referred to the German-speaking countries. Nonetheless, it was an outstanding event in the history of the psy-disciplines in the interwar period; partly, because the "permanence committee" that had been created in analogy to the International Committee for Mental Hygiene failed to organize a second conference, and partly because it was a uniquely interdisciplinary meeting that united an astonishingly diverse group of participants.

Of course, this diversity of approaches was already an integral characteristic of the Association for Applied Psychopathology and Psychology even before Stransky proposed that the tenth

¹⁸⁴ Stransky, "Gaston Roffenstein."

¹⁸⁵ On Pappenheim, see also Rakafet Zalashik, *Das unselige Erbe: Die Geschichte der Psychiatrie in Palästina und Israel*, trans. David Ajchenrand (Frankfurt am Main: Campus, 2012), 56-57.

¹⁸⁶ While not mentioning the conference in Washington D.C., Stransky saw applied psychopathology and mental hygiene as two interrelated projects, Erwin Stransky, "Der Tagung für angewandte Psychopathologie und Psychologie zum Gruße," *Wiener Klinische Wochenschrift* 80, no. 23 (1930): 767.

anniversary of the association's founding might be celebrated with a large-scale conference.¹⁸⁷ As the previous sections of this chapter have shown, applied psychopathology had come a long way from Stransky's aggressive disciplinary expansionism in the aftermath of the First World War and had instead become the vaguely defined motto of an association that could serve as a kind of neutral meeting ground for adherents of the different psy-disciplines. In the course of the 1920s, psychoanalysis had played a far bigger role in the association that Stransky would have liked. The same was true for the organizing committee that was to prepare the conference in 1930. After Martin Pappenheim had keenly picked up Stransky's proposal, he also enlisted the help of three other colleagues – Karl Grosz, Gottfried Engerth, and Heinz Hartmann.¹⁸⁸

The last of these names is particularly noteworthy, as Hartmann (1894-1970), who would also serve as editor of the conference publication together with Pappenheim and Stransky, was about to become one of the most important figures in the history of psychoanalysis in the twentieth century.¹⁸⁹ As son of a history professor, who from 1918 to 1920 was the Austrian ambassador in Germany, Heinz Hartmann came from a well-to-do Viennese family with good relations to the social democrats. After his doctorate in medicine, he joined the psychiatric clinic of Julius Wagner-Jauregg as an assistant physician, a position that he would retain until 1934. Influenced by Paul Schilder, Hartmann's interest in psychoanalysis intensified during his time at the clinic. In 1925, he became an associate member of the Vienna Psychoanalytic Society, in 1927, after his training analysis with Sándor Radó (1890-1972) in Berlin, he was accepted as a regular member. At the time of the I. International Conference on Applied Psychopathology, he had published a psychoanalytic textbook and was one the rising stars in the psychoanalytic community.¹⁹⁰ In 1934, however, Hartmann was forced to give up his position at the university clinic after the rise of the Austro-Fascists, and had to leave Austria after its annexation in 1938. Via France and Switzerland, he arrived in the United States in 1941, where he became one of the most eminent psychoanalysts of the post-war period. Hartmann's Neo-Freudian "ego-psychology" became the dominant paradigm in American psychoanalysis for decades to come

¹⁸⁷ Stransky, "Aus einem Gelehrtenleben," 503.

¹⁸⁸ "Internationale Tagung für angewandte Psychopathologie und Psychologie," *Wiener Medizinische Wochenschrift* 80, no. 23 (1930): 768.

¹⁸⁹ Mühlleitner, *Biographisches Lexikon der Psychoanalyse*, 131-33.

¹⁹⁰ Heinz Hartmann, *Die Grundlagen der Psychoanalyse* (Leipzig: G. Thieme, 1927).

– a time that psychologist (and on-screen philosopher) Martin S. Bergmann (1913-2014) later called the “Hartmann era.”¹⁹¹

By including Hartmann in the organizing committee, Pappenheim had certainly shifted the association further towards psychoanalysis. However, as the published papers and lectures of the conference would show, its actual interdisciplinarity would transcend the question of psychoanalysis versus mainstream psychiatry.¹⁹² The vaguely defined idea that the knowledge generated by the psy-disciplines could and should be applied to society brought together eminent German-speaking scholars from the fields of psychoanalysis (Paul Federn, Heinz Hartmann, Martin Pappenheim, and Eduard Hitschmann) and independent psychotherapy (Rudolf Allers, Heinrich Kogerer, Johannes Heinrich Schulz, and Hans Prinzhorn), psychology (Karl Bühler and Julius Suter), theology (Karl Beth), medical history (Henry E. Sigerist), psychiatric genetics (Hans Luxenburger), and law (Siegfried Türkel). Moreover, in the announcement, one finds the names of a number of other notable scholars who apparently did not show up for the conference, namely Robert Gaupp, Willy Hellpach, Kurt Goldstein, and – noteworthy given his uneasy relationship with Stransky and applied psychopathology – Arthur Kronfeld.¹⁹³

What was the common denominator that could integrate their highly diverse approaches under the common label of applied psychopathology? In his opening address, Martin Pappenheim struggled to piece together an overarching definition from different sources: “Applied psychiatry and psychopathology in the present-day sense – the concept and the term were introduced and developed as a program by Stransky – cannot be conceived without the work of Freud.”¹⁹⁴ Mostly, Pappenheim listed the names of a large number of psychoanalytic and non-psychoanalytic scholars, many of whom were present at the conference, who in one way or another had applied the concepts of psychopathology to topics beyond the traditional boundaries of medicine. As indecisive as Pappenheim apparently was about how exactly applied psychopathology should be defined, so ambiguous was he about the scope of the

¹⁹¹ Martin S. Bergmann, ed. *The Hartmann Era* (New York: Other Press, 2000).

¹⁹² “Rückblick auf die I. Internationale Tagung für angewandte Psychopathologie und Psychologie in Wien, 5.-7. Juni 1930,” *Wiener Medizinische Wochenschrift* 80, no. 31 (1930).

¹⁹³ “Internationale Tagung für angewandte Psychopathologie und Psychologie.”

¹⁹⁴ Martin Pappenheim, “Eröffnungsansprache,” in *I. Internationale Tagung für angewandte Psychopathologie und Psychologie, Wien, 5.-7. Juni 1930: Referate und Vorträge*, ed. Heinz Hartmann, Martin Pappenheim, and Erwin Stransky (Berlin: S. Karger, 1931), 2.

project. On the one hand, he clearly renounced Stransky's "medical imperialism," in which psychopathology had to conquer territory from adjacent disciplines:

As important as applied psychopathology is, we should not overstretch its ambit. We should beware of encroaching on foreign territory, because it would be a mistake to try to explain human life from our position alone. Rather, we have to be aware that other sciences, let us take the example of sociology, gain their insights through methods that are foreign to psychopathology, and that psychopathology in these sciences can only gain insights inside its determined boundaries.¹⁹⁵

Nonetheless, on the other hand, Pappenheim believed that applied psychopathology had a mission. It would allow to bring together individual scholars and their insights to create "the complete knowledge of the human soul." As one of the "distinctive cultural movements of our time," applied psychopathology would create a circle of people interested in mental life and stimulate their research. However, despite Pappenheim's own involvement with the movement for mental hygiene, and very much unlike Stransky, his notion of an "application" of psychopathology was that of an intellectual endeavor, and, at least in the opening talk, did not include the direct application of psychiatric concepts and methods to treat the ills of society.

Erwin Stransky took the opposite position in his talk on "psychopathology and contemporary civilization."¹⁹⁶ He delivered a veritable broadside of conservative cultural criticism, arguing that the appearance and success of applied psychiatry after the end of the First World War had not only answered to a growing public interest in psychological and psychopathological topics, but had coincided with a very real increase in psychopathological influences shaping modern society. Generalizing the post-war debate on the "revolutionary psychopaths" (see chapter I) into a diagnosis of "modern urban and industrial civilization" as such, Stransky claimed that mentally abnormal personalities were gaining influence through a culture endorsing their views and mannerisms, and through media like the press, radio, and advertisement spreading their pathologies into every corner of society. And this was only one aspect of a broader crisis of

¹⁹⁵ Ibid., 3.

¹⁹⁶ Erwin Stransky, "Angewandte Psychopathologie und Gegenwartszivilisation," in *I. Internationale Tagung für angewandte Psychopathologie und Psychologie, Wien, 5.-7. Juni 1930: Referate und Vorträge*, ed. Heinz Hartmann, Martin Pappenheim, and Erwin Stransky (Berlin: S. Karger, 1931).

modern civilization, which was also caused by the suspension of natural biological selection through welfare services as well as by pathogenic urban living and working conditions, substance abuse, materialism, the acceleration of social life, and the dissolution of family structures and traditions. Against this backdrop, the application of the concepts of psychopathology to society was more than a way to a better understanding of some aspects of social life and the human condition; it was also the first step towards an effective therapy:

Therefore, applied psychopathology can amply show the sources from which so much of the maladies of our time arise; however, as I see it, with such a purely analytic work, it only partially accomplishes its purpose. The supreme objective of every pathology, also when it is applied psychopathology, is therapy, of which again prophylaxis is often the most important part. As the psychiatrist as an applied psychopathologist sees better and more profoundly where there is good and where there is ill, in the sense of a truly active therapy he should not shy away from becoming a called leader in the best sense of the word, and to purposefully intervene in the system of the lines of desire (*Sehnsuchtsliniensystem*) of our time; even if sometimes it seems like the pathological in it, the pathological influences on it, have already become so overwhelming that they cannot be countered any more.¹⁹⁷

The question to what exactly psychopathology was to be applied, and where the boundaries of this application lay, remained unsolved during the conference. Moreover, as an inspection of the list of participants and lectures reveals, there was not even a consensus about what psychopathology meant. A Viennese psychoanalyst like Paul Federn had a very different understanding of mental illness and its causation than Hans Luxenburger as a geneticist working in Ernst Rüdin's department at the German Research Institute for Psychiatry in Munich.¹⁹⁸ The same could, in some way or another, be said about most of the other participants. To have gathered scholars from so many different backgrounds was the remarkable achievement, but

¹⁹⁷ Ibid., 160-61.

¹⁹⁸ Paul Federn, "Der neurotische Stil," in *I. Internationale Tagung für angewandte Psychopathologie und Psychologie, Wien, 5.-7. Juni 1930: Referate und Vorträge*, ed. Heinz Hartmann, Martin Pappenheim, and Erwin Stransky (Berlin: S. Karger, 1931); Hans Luxenburger, "Psychopathologie und Erblichkeit," in *I. Internationale Tagung für angewandte Psychopathologie und Psychologie, Wien, 5.-7. Juni 1930: Referate und Vorträge*, ed. Heinz Hartmann, Martin Pappenheim, and Erwin Stransky (Berlin: S. Karger, 1931).

also the basic problem of the I. International Conference on Applied Psychopathology and Psychology.

These issues were tackled most directly by the psychotherapist Rudolf Allers, who had accompanied the activities of the association since 1920. In the aftermath of the conference, he used a report of the meeting to reflect broadly about what its motto signified.¹⁹⁹ As Allers saw it, like a political conflict over a disputed territory, every debate about an emerging “applied” discipline necessarily revolved around three elements: First, one discipline had to have a “need for expansion” (*Expansionsbedürfnis*) pushing it into the traditional territory of another discipline; second, the discipline that was to be “conquered” would try to repel this intrusion; and third, it would try to expand the range of its own approaches and methods. What had set the conference in Vienna apart, was that members of both sides – “conquerors” and “conquered” – were present and had their say.²⁰⁰ Allers was pleased that the conference had served to delineate the boundaries of the project of applied psychopathology – “downwards” towards biology, and “upwards” towards the intellectual and spiritual. To accept these boundaries was not an imposed constraint, but a rational necessity. Repeating Arthur Kronfeld’s earlier critique of applied psychopathology, Allers wrote:

To cross these [boundaries] would not only mean a violation of the new subject area and the eventual failure of such an enterprise, but also – as in a sense the solid ground of independent research is left – a threat to the academic life (*Wissenschaftsbetrieb*) itself. All too ambitious expeditions into foreign lands have often also turned into a catastrophe for the homeland.²⁰¹

Nevertheless, despite the vagueness of its overarching topic, the conference was well received. As Rudolf Allers’s commentaries indicate, it was an event that was different from most conferences of its time, and the vaguely defined label of applied psychopathology allowed the participants to explore some of the potentials – as well as some of the problems – of what later in the century became known as interdisciplinarity. Another aspect of the conference’s success

¹⁹⁹ Rudolf Allers, "Die internationale Tagung für angewandte Psychopathologie und Psychologie," *Zentralblatt für Psychotherapie* 3, no. 7 (1930).

²⁰⁰ Ibid., 390.

²⁰¹ Ibid., 394.

was arguably its festive setting, which reinforced the participants' impression that this was a momentous event. The conference itself took place in the smaller ceremonial hall of the University of Vienna, where it was formally opened not only by the association's president Martin Pappenheim, but also by the heads of the psychological institute and the psychiatric clinic, Karl Bühler and Otto Pötzl, respectively, the head of the Department of Public Health (*Volksgesundheitsamt*), as well as by city councilman Julius Tandler. Moreover, to underline the importance of the event for psychoanalysis, a welcome telegram was sent to Sigmund Freud. On the final evening, a formal reception was held in the city hall, where the participants were welcomed by Mayor Karl Seitz (1869-1950), and performances by Josefine Stransky and other singers. As an anonymous "member of the Vienna Association for Applied Psychopathology and Psychology" later wrote in the Vienna medical weekly, each of these performances had been "truly exquisite and magnificent."²⁰²

The participants of the conference were convinced that applied psychopathology was a project worth continuing. During the final reception, a "permanence committee" was founded, tasked with publishing the lectures and papers of this conference, and with periodically organizing similar meetings in the future. The committee was as international and interdisciplinary as the conference had been. Hartmann, Pappenheim, and Stransky were elected as the committee's "executive," other members were the afore-mentioned Erismann, Federn, Hauptmann, Luxenburger, Maier, Morgenthaler, Sigerist, and Suter.²⁰³ Like with the editors and authors of the "studies in applied psychiatry" back in the early the 1920s, what had begun as Stransky's personal quest for an aggressive expansion of psychiatry's ambit, proved once again to be surprisingly capable of integrating very diverse perspectives and approaches. But just like Morgenthaler's book series, the "permanence committee" was also more short-lived than its name would have led to believe. The conference proceedings were published in the following year, but the first international congress would remain the only one.

In his autobiography, Erwin Stransky attributed the failure of the "permanence committee" to the rise of the Nazis in Germany.²⁰⁴ His analysis was not wrong; after 1933, the political climate in Germany effectively put an end to any international cooperation of German scholars with

²⁰² "Rückblick auf die I. Internationale Tagung," 1037.

²⁰³ Ibid.

²⁰⁴ Stransky, "Aus einem Gelehrtenleben," 504.

left-wing, Jewish psychoanalysts like Paul Federn and Martin Pappenheim in Austria. This was certainly the case with Hans Luxenburger, who was closely connected to the racial hygiene policies of the Third Reich. One member of the committee, Alfred Hauptmann, professor of psychiatry in Halle, was forced to emigrate due to his Jewish background.²⁰⁵ The political changes in Germany were not the only reason why the committee fell apart. After the triumph of Austro-Fascism in early 1934, Martin Pappenheim did not return from Palestine, and Heinz Hartmann was forced to resign from his position at the university clinic; a double blow for the committee and the Association for Applied Psychopathology and Psychology that severed their connection with psychoanalysis.

After Martin Pappenheim's emigration in 1934, Erwin Stransky retook his former position as chairman of the association. The task that he assumed was a challenging one. The 1930 conference had given ample reason to hope that applied psychopathology had the potential to become a vibrant international project. The realities of 1934 by contrast were sobering, and with its relations to German psychiatry and psychoanalysis cut off, applied psychopathology once again became a Viennese specialty. Nevertheless, the association continued to function as a kind of neutral meeting ground for members of the different psy-disciplines. In the spring of 1934, it became the vehicle for cooperation as Karl Bühler's psychological institute and Otto Pötzl's psychiatric clinic agreed to establish a "seminar-like working group" (*seminaristische Arbeitsgemeinschaft*) inside the Association for Applied Psychopathology and Psychology.²⁰⁶ In the course of the next years, the association continued its own program of lectures, but as the published proceedings in the Vienna medical weekly show, the working group increasingly eclipsed its host organization.²⁰⁷ And while the association flourished, without the participation of the psychoanalysts it also lost much of its characteristic profile and its broad understanding of an application of the concepts of psychopathology to all aspects of cultural, social, and political life.

²⁰⁵ Ekkehardt Kumbier and Kathleen Haack, "Alfred Hauptmann: Schicksal eines deutsch-jüdischen Neurologen," *Fortschritte der Neurologie, Psychiatrie* 70(2002).

²⁰⁶ "Verein für angewandte Psychopathologie und Psychologie in Wien," *Wiener Medizinische Wochenschrift* 84, no. 22 (1934). See also Gerhard Benetka, *Psychologie in Wien: Sozial- und Theoriegeschichte des Wiener Psychologischen Instituts 1922-1938* (Vienna: WUV, 1995), 246-47.

²⁰⁷ "Verein für angewandte Psychopathologie und Psychologie," *Wiener Medizinische Wochenschrift* 85, no. 37 (1935); "Verein für angewandte Psychopathologie und Psychologie in Wien," *Wiener Medizinische Wochenschrift* 87, no. 32 (1937).

The annexation of Austria by Nazi Germany in 1938 brought another change in the association's leadership. Again, Erwin Stransky resigned from his position as chairman. As he wrote in his autobiography, this was the second time that he had to "save the cause" of applied psychopathology.²⁰⁸ Stransky was succeeded by Alfred Auersperg (1899-1968), a young psychiatrist and university lecturer of noble birth. Immediately after the Nazis came to power in Vienna, 132 of the 197 professors and lectures of the medical school were forced to quit their positions for racial reasons, and the non-Jewish Auersperg was one of the remaining few.²⁰⁹ Hans Hoff, who would emigrate from Austria to Iraq in the same year, was the association's last vice chairman; after his return from the United States, where he had been an associate professor at Columbia University since 1942, he became the central figure of Austrian psychiatry until the 1960s.²¹⁰ This time, however, Stransky's resignation was not enough to save the association. As part of the forcible coordination (*Gleichschaltung*) of all aspects of society in Nazi Germany, the Association for Applied Psychopathology and Psychology was abolished and struck from the register of associations in June 1939.²¹¹ This was the end of applied psychopathology as an interdisciplinary project. After the Second World War, Stransky decided not to reestablish the association, and to devote his energy to the reconstruction of the general psychiatric association and the Austrian branch of the mental hygiene movement instead.²¹²

In the end, the legacy of applied psychopathology is difficult to assess. While the program, vaguely defined as it was, succeeded in creating an astonishingly interdisciplinary forum, it yielded few material results. Throughout the almost two decades of the existence of the association, many of the most prominent scholars from all fields of the psy-disciplines came in contact with applied psychopathology and participated in its activities. Were they influenced by Erwin Stransky's initial ideas? In the cases of Heinrich Kogerer, Gaston Roffenstein and Walter Morgenthaler, a direct intellectual influence is palpable, but for many others, applied

²⁰⁸ Stransky, "Aus einem Gelehrtenleben," 504.

²⁰⁹ Martin Sack, *Von der Neuropathologie zur Phänomenologie: Alfred Prinz Auersperg und die Geschichte der Heidelberger Schule* (Würzburg: Königshausen & Neumann, 2005), 23-37.

²¹⁰ Judith Bauer-Merinsky, "Die Auswirkungen der Annexion Österreichs durch das Deutsche Reich auf die medizinische Fakultät der Universität Wien im Jahre 1938: Biographien entlassener Professoren und Dozenten" (PhD Thesis, University of Vienna, 1980), 103-06.

²¹¹ WStLA, 1.3.2.119.A32.1939.5695/1939 – Verein für angewandte Psychopathologie und Psychologie.

²¹² Stransky, "Aus einem Gelehrtenleben," 505; Hans Hoff, "Entwicklung der psychischen Hygiene in Österreich," in *Bericht über die 6. Jahresversammlung der Weltvereinigung für Psychische Hygiene, Wien 16.-22. August 1953*, ed. Österreichische Gesellschaft für Psychische Hygiene (Vienna and Bonn: Wilhelm Maudrich, 1956), 22.

psychopathology rather served as a label for their own ideas. Nonetheless, the history of applied psychopathology provides fascinating insights into the highly complex, politically charged interactions of the psy-disciplines in interwar Vienna and beyond. At the same time, it stands out as the most radical and ambitious attempt to redefine the disciplinary boundaries of psychiatry. The notion of the psychiatrist as an “expert of the soul” with an almost unlimited sphere of authority was a recurring theme in professional debates in the interwar period, but it founds its most flamboyant expression in Stransky’s musings about applied psychopathology.²¹³ While I do not want to overstress the argument, one is tempted to see some kind of connection between Stransky’s *Generaloberstsachverständiger* and the eminent, socially and politically involved psychotherapists of a younger generation in post-war Vienna, namely Erwin Ringel (1921-1994) and Viktor Frankl (1905-1997), who also saw themselves as therapists of the nation.²¹⁴

Erwin Stransky’s post-war decision not to reestablish the Association for Applied Psychopathology and Psychology, and to focus on the Austrian Society for Mental Hygiene instead, was a pragmatic choice. The aspirations of applied psychopathology were most successfully realized when it joined the movement for mental hygiene. Stransky considered mental hygiene to be a sub-discipline of a broader applied psychopathology. And although this view was not relevant for the vast majority of the movement’s adherents, Stransky’s had some good arguments to corroborate his claim. The notion as well as many ideas of mental hygiene appeared in his programmatic article in 1918, and thus almost a decade before an organized movement emerged in the German-speaking countries. But more importantly, the movement for mental hygiene shared the basic idea of applied psychopathology: that psychiatry had to leave confines of the asylum and the clinic to realize the potentials of the discipline and its obligations to the health of the nation. The following three chapters trace the history of mental hygiene from its origins before the First World War to the breakup of the international movement in 1939. As I show, the idea of mental prophylaxis became the point of departure for the most encompassing attempt to redefine psychiatry’s boundaries in the interwar period. Deeply entangled in the political history of its time, mental hygiene gave rise to utopian,

²¹³ Nikolas Rose, “Experts of the Soul,” *Psychologie und Geschichte* 3, no. 1/2 (1991).

²¹⁴ Viktor E. Frankl, *Pathologie des Zeitgeistes: Rundfunkvorträge über Seelenheilkunde* (Vienna: Franz Deuticke, 1955); Michael Lewin, ed. *Erwin Ringel: Zur Gesundheit der österreichischen Seele* (Vienna: Europaverlag, 1987).

psycho-political visions of international understanding, and was also part of developments that culminated in the worst crimes of Nazi psychiatry.

CHAPTER IV – PSYCHIATRIC PROPHYLAXIS FROM THE DIETETICS OF THE SOUL TO MENTAL HYGIENE

INTRODUCTION

Mental hygiene arrived in the German-speaking countries in the mid-1920s. It quickly became a well-organized movement with national committees in Austria, Germany, and Switzerland; dedicated journals were established, and large-scale conferences brought together hundreds of reform-minded psychiatrists, state officials, and practitioners from other fields of health care and social welfare. Like no other slogan, *psychische Hygiene* or, more rarely, *Psychohygiene* encapsulated the promise of a new path for psychiatry. Psychiatry, the adherents of the movement urged, had to step beyond the boundaries of the asylums and university clinics and prevent mental disorder before it was too late, instead of ineffectually trying to heal it. By using the notion of “hygiene,” the movement aligned itself with a number of other approaches of the same name that had successfully introduced many ways for the prophylaxis of illness on an individual and societal level in the previous decades; what they had done for somatic health, mental hygiene promised to do for the mind. As Erwin Stransky, who as part of his own efforts to establish an applied psychiatry – discussed in the previous chapters – became one of the most zealous proponents of the movement in Austria, wrote in his 1931 textbook, “mental hygiene in the narrow sense is the epitome of every scientific effort to maintain the health of the soul.”¹

In a broader sense, mental hygiene was also more than that. Its origins in the United States lay in the reform of mental institutions rather than in psychiatric prophylaxis. While this heritage was not reflected in the movement’s name, institutional reform was always a part of its agenda, although its importance varied over time. Moreover, in its effort to prevent mental disorders, mental hygiene projected into other emerging fields of mental health care located outside psychiatry’s traditional sphere of activity. As Stransky argued in 1931, there were two related aspects of mental hygiene, “maintaining the health of the healthy, and preventing those in risk from getting sick.”² In the context of the heredity paradigm, this did not mean the same thing;

¹ Stransky, “Wesen und Programmatik der psychischen Hygiene,” 1.

² Ibid.

some individuals and groups were clearly more at risk of becoming ill and spreading the illness than others. Consequently, eugenic thinking was an integral part of mental hygiene from the beginning on. At the same time, mental hygienists also shifted psychiatry's sphere of activity into the vast gray area between mental health and full-blown mental illness, and tried to coopt adjacent fields like psychotherapy, counselling, and pedagogy for their own vision of a psychiatric form of public health.

Already a well-organized and successful movement in the United States, mental hygiene spread to the German-speaking countries in the mid-1920s, when associations and committees were founded in rapid succession in Germany, Austria, and Switzerland. To some extent, this was a direct consequence of a lobbying tour to Europe that Clifford W. Beers (1876-1943), the founding figure of mental hygiene in the United States, had undertaken in 1922. However, as this and the next chapter argue, it would be simplistic to tell the story of mental hygiene in Europe as that of an import from across the Atlantic. Although, as an international movement, mental hygiene had its origin and its center in the United States, the underlying idea of a systematic psychiatric prophylaxis for the entire population had already emerged in the German-speaking countries in the decades before and after the turn of the century. Thus, Beers' propaganda for mental hygiene in the interwar period fell on fertile ground that had been prepared for three decades at least.

While the next chapter will trace the history of the organized movement for mental hygiene from the United States to Europe, this chapter searches for the origins of mental hygiene and large-scale psychiatric prophylaxis in the history of psychiatry and the psy-disciplines in the German-speaking countries. It begins in the first half of the nineteenth century, when psychiatrists for the first time introduced ideas about how mental illness could be prevented. The following sections examine the three most important protagonists in the emergence of prophylactic ideas in the first quarter of the twentieth century: Auguste Forel, Emil Kraepelin, and Robert Sommer. The latter directly links this early history of psychiatric prophylaxis to the history of the mental hygiene movement in the interwar period, as Sommer introduced the concept of mental hygiene as early as 1902, and became the founder and main organizer of the German branch of the movement in the mid-1920s.

ROMANTIC ANCESTORS

Multifaceted as it was, the movement for mental hygiene was a distinctly modern movement. Its protagonists considered themselves as the avant-garde of their discipline, and presented their agenda as the practical result of the newest cutting-edge research. This self-understanding did not require long lines of intellectual ancestors to lend itself legitimacy. In interwar Germany, the history of mental hygiene was usually traced back no further than to the turn of the century, just far enough to be able to claim a German history anteceding the emergence of a movement for mental hygiene in the United States following the publication of Clifford Beers's book *A Mind That Found Itself* in 1908. Robert Sommer's programmatic article about public resting rooms (*öffentliche Ruhehallen*) was widely acknowledged as the founding moment of mental hygiene in Germany and as a direct precursor of the movement's agenda from the 1920s. Sommer had used the concept of "mental hygiene" early on, and the fact that he was the founder and first president of the German Association for Mental Hygiene (*Deutscher Verein für psychische Hygiene*, DVPH) lent this narrative a strong sense of continuity. Wilhelm Weygandt (1870-1939), vice president of the association, also saw Emil Kraepelin as a pioneer of mental hygiene.³ This claim was both plausible and tactical. As will be discussed in detail later in this chapter, Kraepelin was among the first to call for the large-scale and state-led prophylaxis of mental illness. At the same time, by putting Kraepelin in their line of ancestors, German mental hygienists could attach themselves to the most prestigious figure in contemporary psychiatry. Generally speaking, when presenting the history of their movement, German mental hygienists rarely looked back beyond the turn of the century.

In Austria, by contrast, much older local traditions were considered. As Otto Kauders (1893-1949) argued in the early 1930s, the genealogy of mental hygiene – when understood as the effort to "improve the psychic state of groups of people" – reached back as far as to Socrates, Thomas Aquinas, Jean-Jacques Rousseau, and Johann Wolfgang Goethe.⁴ The key figure in the genealogy of the Austrian movement for mental hygiene was Ernst von Feuchtersleben (1806-

³ "World View of Mental Hygiene," in *Proceedings of the First International Congress on Mental Hygiene, held at Washington D.C., U.S.A. May 5th to 10th, 1930*, ed. Frankwood E. Williams (New York: The International Committee for Mental Hygiene, 1932), 101.

⁴ Otto Kauders, "Geschichte der psychischen Hygiene," in *Leitfaden der psychischen Hygiene*, ed. Erwin Stransky (Vienna: Urban & Schwarzenberg, 1931), 11-12.

1849), a Viennese aristocrat, popular philosopher, poet, and physician.⁵ This perception of Feuchtersleben as a direct precursor of mental hygiene was mostly based on a book entitled *Zur Diätetik der Seele* ("On the dietetics of the soul").⁶ Published in 1838, this early self-help book instantly became a major bestseller and a staple item in bourgeois households throughout the nineteenth century. As one biographer has claimed: "Since the publication of Goethe's *Werther*, perhaps no other German book was, up to 1850, as widely read."⁷ This may perhaps be a slight exaggeration, but the impressive success of the book is indubitable. In the course of the nineteenth century, Feuchtersleben's *Diätetik* was translated into all major European languages; a fiftieth edition appeared in 1907.⁸

However, different from what the proponents of the Austrian movement for mental hygiene and others have since claimed, Feuchtersleben's *Diätetik* did not introduce a method for psychiatric prophylaxis.⁹ Based on the extensive self-observation fashionable in early romantic psychology, Feuchtersleben argued that physical illness could be prevented or mitigated by specific mental techniques. Insofar, he outlined some of the basic ideas of present-day psychosomatic medicine, maintaining that psychological processes could affect functions of the body, and stressed how patients' belief in their recovery and their trust in their physician could become crucial parts of medical treatment. After becoming a professor at the University of Vienna, Feuchtersleben eventually sketched some rudimentary ideas for an actual prophylaxis of mental illness in his *Lehrbuch der Seelenheilkunde* (1845). As he then laid out, mental illness could be prevented by relying on self-knowledge (*Selbsterkenntnis*), self-mastery (*Selbstbeherrschung*), and virtue (*Tugend*).¹⁰

Although Feuchtersleben's philosophy had, in fact, only very little influence on the practical outlook of the Austrian movement for mental hygiene, the idea that he was an ancestor of the movement was not only common among mental hygienists in the interwar period, but persisted

⁵ Wilhelm Bietak, "Feuchtersleben, Ernst Maria Johann Karl von," in *Neue Deutsche Biographie* 5 (1961).

⁶ Ernst von Feuchtersleben, *Zur Diätetik der Seele* (Vienna: Carl Armbruster, 1838).

⁷ Gustav Pollak, *The Hygiene of the Soul: The Memoir of a Physician and Philosopher* (New York: Dodd, Mead and Co., 1910), 18.

⁸ Bietak, "Feuchtersleben." See also Pappenheim, *Hölderlin, Feuchtersleben, Freud*, 315-46; Otto F. Ehrentheil, "The Almost Forgotten Feuchtersleben: Poet, Essayist, Popular Philosopher and Psychiatrist," *Journal of the History of the Behavioral Sciences* 11, no. 1 (1975).

⁹ See, for example, Kauders, "Geschichte der psychischen Hygiene," 12.

¹⁰ Ernst von Feuchtersleben, *Lehrbuch der ärztlichen Seelenkunde* (Vienna: C. Gerold, 1845), 372. Cf.: Johann Christian August Heinroth, *Lehrbuch der Seelenheilkunde*, 2 vols. (Leipzig: F. C. W. Vogel, 1823/1824).

even after the Second World War. In 1951, Erwin Stransky opened a lecture for American medical students in Vienna with the claim that mental hygiene had in fact been invented by Feuchtersleben, and not by Beers – and thus in Vienna and not in the United States.¹¹ In 1960, the Austrian Society for Mental Hygiene celebrated the “World Year for Mental Health” with a series of lectures on the works of Feuchtersleben.¹² While largely forgotten elsewhere, in his native Vienna, Feuchtersleben was still celebrated as a pioneer of psychosomatic medicine and modern psychotherapy throughout the twentieth century and beyond.¹³

In 1838, Ernst von Feuchtersleben began his treatise on dietetics with the statement that “our times are quick, tumultuous, and careless.” Faced with a hectic and confusing outside world, Feuchtersleben promised his readers to guide them to a more soothing topic, to the “calm regions of the science of the inner man, to the observations of the self.”¹⁴ Half a century later, this *Biedermeier* retreat into the coziness of the inner self would no longer be possible. As many participants in the late-nineteenth-century debate on nervousness and neurasthenia believed, in an ever-accelerating industrial modernity, the nerves and the mind had ceased to be a sanctuary and turned into a battlefield themselves. They were overloaded with evermore information, rattled by railway accidents, and depleted by the constant strains of the struggle for survival.¹⁵ Against the backdrop of these debates, the question how the human mind could effectively be defended against the challenges of the modern world became increasingly relevant. It is in this context that a number of psychiatrists, psychologists, and philosophers began to think about how the mind could be protected through a specific form of “hygiene.”

One of the first authors who expressly tried to introduce a prophylactic “hygiene of the soul” (*Hygieine der Seele*) was the philosopher Eduard Reich (1836-1919), who occasionally was considered as part of the pedigree of their disciplines by later social and mental hygienists.¹⁶

¹¹ ÖNB HANNA, Cod. Ser. 24072.

¹² Erwin Stransky, “Geschichtliches zur psychischen Hygiene in aktueller Sicht,” *Wiener Klinische Wochenschrift* 73, no. 13 (1961): 217. There was, however, a reception of Feuchtersleben at Adolf Meyer’s clinic in Baltimore, as émigré psychoanalyst Else Pappenheim was astonished to find out in the late 1930s, see Pappenheim, “Zeitzeugin,” 225.

¹³ Karl Pisa, *Ernst Freiherr von Feuchtersleben: Pionier der Psychosomatik* (Vienna, Cologne, and Weimar: Böhlau, 1998), 9-10; Pappenheim, *Hölderlin, Feuchtersleben, Freud*, 329.

¹⁴ Feuchtersleben, *Zur Diätetik der Seele*, IX.

¹⁵ Radkau, *Das Zeitalter der Nervosität*; Fischer-Homberger, *Die traumatische Neurose: Vom somatischen zum sozialen Leiden*; Killen, *Berlin Electropolis*.

¹⁶ Eduard Reich, *Die Geschichte der Seele, die Hygieine des Geisteslebens und die Civilisation* (Minden: J.C.C. Bruns, 1884); Martin Vogel, “Aufklärung, hygienische und Volksaufklärung: Allgemeines, Grundsätzliches und

Reich's ideas, published in 1884, were far apart from the later mental hygiene movement. Like Feuchtersleben, his "hygiene of the soul" was not intended as medical prophylaxis of mental disorder, but was conceived as a holistic theory of felicity, virtue, and human perfection, embedded in an eclectic vitalistic philosophy built around a metaphysical concept of the soul rather than a psychological theory of the mind.¹⁷ The psychiatrist Eugen Hallervorden (1853-1914) from Königsberg who, shortly before the turn of the century, tried to establish a science of "psycho-hygiene" (*Psychohygiene*), was still part of this psycho-philosophical tradition. Although Hallervorden wholeheartedly announced that he would lay the foundations for a "general and special psycho-hygiene, based on physiological principles, as a science," and give a first lecture on "psycho-hygiene" in 1897, his efforts remained both vague and fruitless.¹⁸ The same was also true for psychiatrist Leo Hirschlaff's 1911 "hygiene of thinking" (*Hygiene des Denkens*), a set of various techniques of mental and bodily self-discipline for the prevention of nervousness and exhaustion.¹⁹

Although scholars like Feuchtersleben, Reich, Hallervorden, and Hirschlaff were among the first to connect the concept of hygiene to the prevention of mental illness, their ideas had little direct import on the intellectual mainstream of the interwar-period mental hygiene movement. At least three related reasons for the apparent abandonment of this tradition can be identified. First, the speculative psychology of these approaches was difficult to reconcile with mental hygienists' self-understanding as the most progressive representatives of psychiatry as a modern, clinical science. Feuchtersleben's psycho-physiological holism hardly produced quantifiable categories for laboratory research. Although interwar psychiatrists frequently argued in highly normative ways, the metaphysical concepts used by Feuchtersleben and others were clearly incompatible with their self-understanding as objective scientists, who drew their

Geschichtliches," in *Handwörterbuch der psychischen Hygiene und der psychiatrischen Fürsorge*, ed. Oswald Bumke, et al. (Berlin and Leipzig: Walter de Gruyter, 1930), 25, 29.

¹⁷ Reich, *Die Geschichte der Seele*, 458-60.

¹⁸ Eugen Hallervorden, "Klinische Psychologie, die Vorstufe der Psychohygiene," *Deutsche Medizinische Wochenschrift* 22, no. 41 (1896); Eugen Hallervorden, *Arbeit und Wille: Personenkunde oder klinische Psychologie zur Grundlegung der Psychohygiene*, Abhandlungen der Gesundheitslehre der Seele und Nerven (Würzburg: A. Stuber, 1897). One of the few writers to pick up Hallervorden's ideas was the gymnasium teacher Wilhelm Könnemann, see Wilhelm Könnemann, *Über Psychohygiene in Schule und Haus auf Grundlage einer Erörterung über das Verhältnis von Geist und Körper, Seele und Leib*, Königliches Friedrichs-Wilhelms-Gymnasium zu Posen. Wissenschaftliche Beilage zum Jahresbericht Ostern 1902 (Posen: Merzbach'sche Buchdruckerei, 1902). On Eugen Hallervorden, see Kreuter, *Deutschsprachige Neurologen und Psychiater*, 511-12.

¹⁹ Leo Hirschlaff, "Zur Psychologie und Hygiene des Denkens: Vortrag, gehalten am 1. Juni 1911 in der Psychol. Gesellsch. zu Berlin," *Zeitschrift für die gesamte Neurologie und Psychiatrie* 6, no. 1 (1911).

normative categories from perceived laws of nature, and not from ethical, religious, or philosophical speculation.

Second, as organic and biological models gained importance in psychiatry in the second half of the nineteenth century and the focus shifted to heredity, the possibilities for individual prophylaxis diminished. The more mental illness was perceived as the result of hereditary and constitutional factors, the less could its development be influenced by a person's lifestyle. The exception was alcoholism, which was recognized by psychiatrists as a major threat to mental health, and was at the center of their prophylactic efforts from the turn of the century onwards.

Third, from the turn of the century onwards, psychiatrists with an interest in prophylaxis appealed to the state, and not to the individual. Techniques of individual prophylaxis were far apart from changes in legislation and the state-run public health interventions that became the method of choice for interwar mental hygienists in Central Europe. However, while the psycho-philosophical tradition of individual prophylaxis was pushed out of the psychiatric mainstream, it never disappeared entirely. Explicitly or implicitly, it continued to influence those parts of the psy-disciplines that were more interested in the intra-psychic causation of mental disorders. With the rise of psychoanalysis and other psychotherapeutic schools in the interwar period, parts of this older tradition resurfaced.²⁰ Notably, Feuchtersleben's prominence in the Austrian branch of the movement coincided with a particularly strong influence of psychoanalysis in local approaches to mental hygiene.

Instead of these psycho-philosophical tradition, the emerging mental hygiene movement of the interwar period mainly drew on two other influences. On the one hand, mental hygienists tried to emulate the success of other prophylactic programs of their time, which had already established themselves around the umbrella term "hygiene." On the other hand, and more importantly, mental hygiene was a direct outcome of psychiatry's transformation into a modern, positivist science in the last third of the nineteenth century.²¹ The introduction of new clinical research methods inspired by experimental psychology, the aggregation and statistical

²⁰ Paul Federn, "Schutz vor Nerven- und Geisteskrankheiten," in *Das psychoanalytische Volksbuch*, ed. Paul Federn and Heinrich Meng (Stuttgart: Hippokrates, 1926); Ernst Schneider, "Schutz durch Beratung in Lebensfragen," in *Das psychoanalytische Volksbuch*, ed. Paul Federn and Heinrich Meng (Stuttgart: Hippokrates, 1926).

²¹ Roelcke, "Die Entwicklung der Psychiatrie."

interpretation of patient files, as well as advances in the microscopic study of the brain and in serology had led to new insights and theories about the causation of mental illness. The inability to translate these nosological advances into effective therapeutic methods was the main reason why psychiatrists' attention turned towards preventing mental illness from the turn of the century. The modern idea of psychiatric prophylaxis did not emerge at the fringes of the discipline, but in its very center. As the following three sections discuss in more detail, the most influential prophylactic ideas were developed and propagated by some of the leading representatives of clinical psychiatry. In the history of psychiatric prophylaxis at the turn of the century, three names stand out: Auguste Forel, Emil Kraepelin, and Robert Sommer.²²

ANTS, ESPERANTO, AND EUGENICS: AUGUSTE FOREL

The first direct precursor of the ideas that became the foundation of the later mental hygiene movement was the Swiss psychiatrist and myrmecologist Auguste Forel (1848-1931), who summarized his prophylactic approach as “hygiene of the nerves and the mind” (*Hygiene der Nerven und des Geistes*), in a treatise first published in 1903.²³ Different from predecessors like Eduard Reich, Eugen Hallervorden, or Ernst von Feuchtersleben, Forel's concept of hygiene was firmly rooted in modern medicine and in a biological understanding of the mind as an organic function of the brain. Although he was not disinclined to some philosophical speculation himself, he drew a clear boundary between earlier “mystical” understandings of the soul and a scientific perspective based on the insights of the “brain sciences,” which had unequivocally proven “the oneness of the soul and the brain matter.”²⁴ Consequently, his “hygiene of the nerves” was not intended as a philosophy for healthy living, but as form of active medical practice – a part of private and public health care, and of social prophylaxis.²⁵ Forel's ideas on psychiatric prophylaxis were only one aspect of a far more encompassing program that linked a rhetoric of socialist utopia, gender equality, and international

²² As the example of Édouard Toulouse may show, this trend was not limited to the German-speaking countries, Edouard Toulouse and Raoul Mourgue, *L'évolution de l'hygiène et de la prophylaxie mentale* (Paris: Dumoulin, 1926); Michel Huteau, *Psychologie, psychiatrie et société sous la Troisième République: La biocratie d'Édouard Toulouse (1865-1947)* (Paris et al.: L' Harmattan, 2002).

²³ On Forel as a precursor of Swiss mental hygiene, see also Ritter, *Psychiatrie und Eugenik*, 160-61.

²⁴ August Forel, *Hygiene der Nerven und des Geistes im gesunden und kranken Zustande*, 4th ed. (Stuttgart: Ernst Heinrich Moritz, 1913), 3. See also Auguste Forel, *Gehirn und Seele: Ein Vortrag gehalten bei der 66. Versammlung deutscher Naturforscher und Aerzte in Wien am 26. September 1894* (Bonn: Emil Strauss, 1894).

²⁵ Forel, *Hygiene der Nerven und des Geistes*, 219. See also Auguste Forel, *Rückblick auf mein Leben* (Zurich: Europa-Verlag, 1935), 211-12.

confraternization of all mankind with social Darwinism, eugenics, and overt racism. The first half of this section gives an overview of Forel's biography, his socio-medical and political thought, and the contemporary reception of his ideas. In the second half, I situate Forel's notion of psychiatric prophylaxis in the broader context of his ideas, and at the beginning of the twentieth-century notion of mental hygiene.

UTOPIA AND STERILIZATION

Born in the west of Switzerland in 1848, Forel belonged to an earlier generation than those psychiatrists who came to lead the mental hygiene movement in the interwar period. After completing his medical studies in Zurich, he turned to psychiatry, which at that time was only slowly beginning to gain its scientific and medical reputation. He rose quickly in the ranks of the young discipline, completing his qualification for a professorship in 1878 and becoming professor of psychiatry in Zurich and director of the Burghölzli university clinic in the following year.²⁶ Under the impression of the dismal conditions in the overcrowded clinic and psychiatry's lack of any effective therapeutics, he embraced Bénédict Morel's (1809-1873) paradigm of hereditary degeneration. Believing that the causes of mental illnesses were hereditary and that the possibilities for psychiatric therapy therefore were very limited, Forel turned to prophylaxis, arguing that if mental illness could not be cured, it could at least be prevented. In particular, he became a zealous advocate of the abstinence movement, campaigning against the negative effects of alcoholism for most of his life.²⁷ In later years, eugenics became the second mainstay of his socio-medical efforts.

²⁶ This account of Forel's biography follows Kuechenhoff, "The Psychiatrist Auguste Forel." See also Rolf Meier, *August Forel, 1848-1931: Arzt, Naturforscher, Sozialreformer: Eine Ausstellung der Universität Zürich, Herbst 1986* (Zurich: Universität Zürich, 1986); Anton Leist, ed. *Auguste Forel: Eugenik und Erinnerungskultur* (Zurich: vdf Hochschulverlag, 2006).

²⁷ Auguste Forel, *Die Trinksitten, ihre hygienische und sociale Bedeutung und ihre Beziehungen zur akademischen Jugend: Eine Ansprache an den Enthaltensamkeits-Verein der Studenten zu Christiania und Uppsala am 7. und 13. Dezember 1890* (Stuttgart: Ferdinand Enke, 1891). See also Martin Lengwiler, "Im Zeichen der Degeneration: Psychiatrie und internationale Abstinenzbewegung im ausgehenden 19. Jahrhundert," in *Biopolitik und Sittlichkeitsreform: Kampagnen gegen Alkohol, Drogen und Prostitution 1880-1950*, ed. Judith Große, Francesco Spöring, and Jana Tschurenev (Frankfurt am Main: Campus, 2014); Francesco Spöring, "'Du musst Apostel der Wahrheit werden:' Auguste Forel und der sozialhygienische Antialkoholdiskurs, 1886-1931," in *Biopolitik und Sittlichkeitsreform: Kampagnen gegen Alkohol, Drogen und Prostitution 1880-1950*, ed. Judith Große, Francesco Spöring, and Jana Tschurenev (Frankfurt am Main: Campus, 2014).

In 1898, at the age of fifty, Forel surprisingly resigned from both his position as a professor and from his post as director of Burghölzli to devote himself fully to his many activities outside the clinic – a unique decision among the many well-established psychiatrists who argued that psychiatrists should extend their activities beyond the asylum walls. His humanitarian commitment led Forel through a variety of organizations and secular creeds. He joined the Good Templars in 1892 and was the founder of their first lodge in Switzerland; in 1906, he signed the founding proclamation of the internationalist and freethinker German Monist Association (*Deutscher Monistenbund*); during the First World War he declared himself a socialist and pacifist, and in 1920, he converted to the Bahá'í faith.²⁸

Among his contemporaries, Forel certainly stood out, both in terms of the zeal and the width of his activities. As the Austrian internist Julius Donath (1870-1950) summarized in his obituary after Forel's death in 1931, "we may consider Auguste Forel as a myrmecologist, as a brain histologist, as a leader in the fight against alcoholism recognized in both hemispheres, as a helper in sexual problems (*Geschlechtsnot*), as an undaunted opponent of social wrongs, as a reconciler of nations: we can but admire his superior example of mental and moral strength."²⁹ This adulatory tone was not shared by everyone. In a 1935 review of the posthumously published autobiography, Erich Fromm attacked Forel's encompassing reform agenda from a left-wing psychoanalytic perspective, deriding him as an exemplar "progressive petit bourgeois," for whom "the main motive of his life is the fight against the human drives."³⁰ Generally though, Forel was long considered as a pioneering philanthrope and reformer. His internationalist and pacifist views and the fact that he had vehemently championed women's suffrage certainly set him apart from most contemporaries and colleagues. It also appealed to many members of future generations, so that his face became the one on the Swiss one-thousand franc banknote in the late 1970s.³¹

²⁸ Vera Koelbing-Waldis, "Forel, Auguste," *Historisches Lexikon der Schweiz* (2005), <http://www.hls-dhs-dss.ch/textes/d/D14365.php>; Annemarie Wettley, "Forel, August," in *Neue Deutsche Biographie* 5 (1961).

²⁹ Julius Donath, "August Forel †," *Zeitschrift für die gesamte Neurologie und Psychiatrie* 136(1931): 642.

³⁰ Erich Fromm, "Review of Forel, August: Rückblick auf mein Leben, 1935," *Zeitschrift für Sozialforschung* 4, no. 1 (1935): 113.

³¹ On the reception of Forel in Switzerland, see Jakob Tanner, "Auguste Forel als Ikone der Wissenschaft: Ein Plädoyer für historische Forschung," in *Auguste Forel: Eugenik und Erinnerungskultur*, ed. Anton Leist (Zurich: vdf Hochschulverlag, 2006).

Only recently has Forel's legacy been submitted to a critical revision.³² As several historians have pointed out, eugenic, overtly racist, and social-Darwinist ideas are present throughout his work. These views are by no means occasional aberrances or concessions to the *Zeitgeist*, nor do they play a marginal role. Instead, eugenics and social-Darwinism were integral parts of Forel's worldview, closely connected to the basic principles of his social thought. In accordance with his monistic views, Forel believed that the same laws governed nature and human society alike. Hence, the selection of the unfit was an imperative dictated by the laws of nature that he, as a proponent of an unprejudiced, objective, and progressive worldview, had to defend against false pity and metaphysical considerations.³³ Forel linked eugenics to his socialist views, advocating the sterilization of the unfit as a method of a "scientific social democracy" for the utopian betterment of the world: "Then a stupid, ignorant, degenerate mental and physical proletariat, which in its unconscious simplicity reproduces like rabbits and thus fouls our society like a harmful pest, will no longer exist."³⁴ In Forel's socialism, the best way to rid the world from misery was to get rid of the miserable. What is more, he did not limit himself to theorizing about the possibility of eugenic sterilization, but proceeded to action. As he later remembered proudly: "In the mid of the [eighteen-] nineties, in the Burghölzli asylum, I even had the audacity to use a medical pretext to castrate two hereditary defective monsters (*erblich belastete Ungeheuer*), to prevent their reproduction."³⁵

Forel published extensively on his social and political views, and laid out his ideas in numerous tracts and manifestos. His reflections on the future of human society found their clearest expression in a booklet entitled *Mensch und Ameise* ("Man and ant"), published in 1922.³⁶ In this sixty-odd page treatise, Forel, then seventy-four years old, summarized the results of his biological studies of the social life of ants, which he claimed to have conducted for the last sixty-six years, that is, since the age of eight. In the frame of his biologicistic worldview, the results of his observations of the social life of ants could directly be translated into normative postulates for human society. As Forel maintained, the society of ants was ethically superior to

³² Kuechenhoff, "The Psychiatrist Auguste Forel."; Leist, *Auguste Forel*.

³³ Auguste Forel, "Der Begriff des Monismus," *Der Monismus* 3(1908).

³⁴ Auguste Forel, *Malthusianismus oder Eugenik? Vortrag gehalten im neomalthusianischen Kongress zu Haag (Holland) am 29. Juli 1910* (Munich: E. Reinhardt, 1911). Quoted after Kuechenhoff, "The Psychiatrist Auguste Forel," 222.

³⁵ Auguste Forel, *Mensch und Ameise: Ein Beitrag zur Frage der Vererbung und Fortschrittsfähigkeit* (Vienna, Berlin, and Leipzig: Rikola, 1922), 49.

³⁶ *Ibid.*

the society of men, because “the ant is simply more social than man, and ‘social’ means ‘ethical’ – ethical towards the community in which one lives.”³⁷ In the course of a long evolutionary process, ants had created a society in which every member had a productive role, and Forel’s list of ants’ vocations told a lot about his idea of an ideal, utopian human society:

[...] weavers, butchers, stockbreeders, masons, papermakers, road builders, bakers, mushroom growers, grain collectors or reapers, various exquisite kinds of wet nurses, gardeners, warriors, pacifists, slavers, thieves, robbers and murderers, and parasites (but nowhere to be found are professors, orators, braggarts, bureaucrats, commanders, rulers, generals, not even corporals, and still less capitalists, speculators, and profiteers).³⁸

Despite their lack of military brass, Forel found one important drawback in the society of ants, which he described both as socialist, and as a form of “organized anarchy.” Ants necessarily were at war with other ants, and they were unable to imagine a community beyond their people and their hill, “since the mind and the whole soul of the absolutely small, but relatively big brain of an ant are utterly incapable of grasping what the terrestrial globe or what internationalism might be.”³⁹ The future of mankind, Forel believed, therefore depended on a combination of the social qualities of ants with the visionary potential of humans, and on the answer to one question:

What can we do to become more like ants, and remain humans all at one? The tragic events of the world war and of the subsequent social war since 1919 are well suited to put one in a contemplative mood, and to prompt us to think about a possible solution for the human social question on the basis of a circumspect scientific consideration.⁴⁰

Auguste Forel’s myrmeco-utopian reflections on how human society could be turned into an anthill revealed the inherent contradictions in his socio-political thought. On the one hand, Forel found human culture to be determined by biological facts; on the other hand, he called for fundamental social and political changes that were to be reached through a reeducation of the

³⁷ Ibid., 9.

³⁸ Ibid., 20.

³⁹ Ibid., 22.

⁴⁰ Ibid., 31.

mass of the people. As he argued, human behavior was based in the brain, and unlike the social ant, man was “an egoistic, individualist, passionate, rapacious, domineering, vengeful, and jealous creature.”⁴¹ Human culture, despite its development in the last thousands of years, and although it was acquired individually, was grounded on these traits hard-wired in the brain. Language and writing had allowed it to be handed down from generation to generation and to develop and flourish, but the human brain as its biological basis had essentially remained the same. Moreover, Forel believed, it had even deteriorated due to the gradual suspension of natural selection and the dysgenic effects of civilization. Eugenics, both in their negative and positive variety, would have to compensate for the detrimental effects of modern society. Yet, eugenics were only a small part of the solution to the problem, and Forel believed as much in internationalist idealism and education as in determinist neuro-biologism. What had begun as a treatise on the social behavior of ants and moved on to a reflection about the hereditary and biological basis of human culture and society, thus ended with a seventeen-point program for the creation of a socialist world society.

Forel’s program could hardly have been more encompassing: the legislative authority of the nation-states would have to be transferred to a supra-national “council of nations” (*Völkerrat*), and their armies and navies delivered to the command of a “pacifist general,” who would gradually turn the equipment into museum pieces. The “council of nations” would be based on free and equal franchise for people of any gender and nation. Alcohol would be prohibited. The socialization of real property, industry, and the economy, and the abolition of castes, estates, and rights of succession would create a society of equals. Yet, as Forel saw it, a utopian world society could not be achieved by these measures alone, but also required a new kind of internationalist education. A common language – Esperanto – would have to be taught to everyone, and the Bahá’í faith would serve as a “supra-national scientific religion,” without dogma and spirituality. Public health was another part of Forel’s agenda. “Sensitive and effective eugenic reforms” would counteract degeneration, and the abolition of prostitution would serve to combat venereal diseases. Finally, the economic production would be internationalized, and the colonies would be gradually liberated – “through supra-national, educational paternalism towards their uneducated inhabitants and the lower races.”⁴² Like the unresolved tension between neuro-biologistic determinism and pedagogical ardor, the clash of

⁴¹ Ibid., 29-30.

⁴² Ibid., 57-70.

a rhetoric of internationalist confraternization with overt racism, ranging from paternalism to calls for the elimination of entire races, was a recurring theme in Forel's writings. As the following section discusses, his ideas on psychiatric prophylaxis were caught between the same poles.

HYGIENE OF THE NERVES AND THE MIND

Like Robert Sommer's notion of mental hygiene, Forel's approach to psychiatric prophylaxis comprised two complementary parts, aiming both at individual lifestyles and larger societal structures. On an individual level, Forel believed, mental health could be preserved and supported by both positive and negative measures; by refraining from harmful habits as the consumption of alcohol and other intoxicants, but also by training the nervous system with life-long learning, sports, sufficient sleep and rest, and by engaging in a wide and harmonious choice of different activities.⁴³ In Forel's eyes, such individual measures could, however, only be one part of broader efforts, including not only the mental health of the individual, but also the collective. Anticipating what would later become the predominant position of mental hygiene associations in the German-speaking countries, he insisted that an efficient prophylaxis of mental disorders had, first and foremost, to tackle the issue of heredity. Nevertheless, there was also a notable difference between Forel's concept of racial hygiene and that of most interwar racial hygienists. For the Esperanto-speaking pacifist, socialist, and internationalist Forel, the notion of race was not a matter of national belonging, but – on first sight at least – referred to a more encompassing notion of mankind as a whole:

Public, or rather, social hygiene, which also must be a racial hygiene, should always be given precedence over the individual one as soon as there is a conflict; and of these, there are many. Therefore, international hygiene precedes national hygiene, and the hygiene of the nation precedes that of the family.⁴⁴

Even so, while Forel emphatically rejected racial nationalism and saw the modern nation as an “utterly artificial product, created by wars and what the conquerors imposed on the conquered,”

⁴³ Forel, *Hygiene der Nerven und des Geistes*, 221-41.

⁴⁴ *Ibid.*, 220.

his cosmopolitanism was far from universal.⁴⁵ His social-Darwinist ideas of natural selection were not limited to defective individuals, but also extended to entire peoples' existence. When Forel contemplated about the most important issues driving his reform agenda in his autobiography, he named three: women's rights, the need for a common world language, and finally, "the question of the human race itself. Which races are useful for the continuation of mankind and which are not? And if these lowest races are useless, how we should gradually eliminate them."⁴⁶ While Forel found some peoples to be so inferior that they would disappear by themselves, he saw others as a threat. The "negroes," whom he considered as "physically strong and robust, extraordinarily fertile, but mentally inferior," seemed particularly dangerous. As Forel stated in 1910 in a talk at a neo-Malthusian meeting in the Netherlands, "when they have adapted to our culture they corrupt it and our race through sloth, lack of ability and by creating such awful, mixed races as the mulatto."⁴⁷ Forel's famed cosmopolitanism, in short, extended to whites only.⁴⁸

Throughout his life, Auguste Forel tirelessly advertised his views on social reform, psychiatric prophylaxis, and eugenics to both scientific and lay audiences. His most successful publication was an educational book on the "question of sexuality" (*Die sexuelle Frage*), first published in 1905, which became a bestseller.⁴⁹ It was reprinted in sixteen editions until 1931; in addition, a shortened popular edition (*Volksausgabe*) reached a similar circulation. His prophylactic ideas are best summarized in another bestseller, *Hygiene der Nerven und des Geistes* ("Hygiene of the nerves and the soul"), which appeared in seven editions between 1903 and 1922. This popular scientific tract contained almost all of the ideas that became part of the agenda of mental hygiene associations in the second half of the 1920s, including heredity and eugenics, pedagogical interventions targeting children and adolescents, as well as the education of adults

⁴⁵ Quoted after Kuechenhoff, "The Psychiatrist Auguste Forel," 221.

⁴⁶ Forel, *Rückblick auf mein Leben*, 158.

⁴⁷ Forel, *Malthusianismus oder Eugenik?*

⁴⁸ See also Stefan Kühl, *Die Internationale der Rassisten: Aufstieg und Niedergang der internationalen eugenischen Bewegung im 20. Jahrhundert*, 2nd ed. (Frankfurt am Main and New York: Campus, 2014), 97; Isabel Miko Iso and Bernhard C. Schär, "Kolonialer Rassismus, eugenisches Denken und Geschlecht: Auguste Forel und Otto Stoll in der Debatte um die 'allgemeine Natur des Menschen' um 1900," in *Gender Scripts: Widerspenstige Aneignungen von Geschlechternormen*, ed. Christa Binswanger, et al. (Frankfurt am Main and New York: Campus, 2009).

⁴⁹ Auguste Forel, *Die sexuelle Frage: Eine naturwissenschaftliche, psychologische, hygienische und soziologische Studie für Gebildete* (Munich: Ernst Reinhardt, 1905).

in terms of sexuality, reproduction, and substance abuse.⁵⁰ Taken together, Forel had sketched the outlines of a socio-psychiatric approach that encompassed not only the entire life-span of individuals who were healthy but threatened by the demands of modern life and society, and also connected with each other a eugenic hygiene of sexuality and reproduction, an individual hygiene of mental health, and an idea of racial and social hygiene.⁵¹

Forel's psycho-political program could hardly have been more encompassing. As the eight concluding "postulates for a public and social hygiene of the nerves" document, his ideas were not limited to the reform of existing psychiatric institutions through the implementation of psychotherapy and occupational therapy, and to the creation of new institutions for the confinement of dangerous borderline cases and agricultural "occupational colonies" for nervous individuals. Instead, Forel also envisioned far-reaching social interventions aimed at the mental health of the general population, including the reform of housing, consumption, education, and sexual reproduction.⁵² As Forel would later remember in his memoirs, it was this understanding of the physician's social duties that had led him to give up his professorship in Zurich and to retire from his position as director of the Burghölzli as early as 1898:

There was a voice, yelling loudly in me, which told the psychiatrist: "Leave your walls, off to the proclamation of these truths to the public, and to the study of mental abnormalities outside the asylums. You have to become an apostle of truth. Of what use is it to remain eternally there to care for the lost victims of the ignorance (*Unverstand*) of mankind as ruins in closed-off asylums, and thereby to quietly allow the causes of this misery to continue to exist. That is cowardice!"⁵³

Despite the obvious parallels and his prominence as one of the most eminent Swiss psychiatrists, Auguste Forel played only a small role when the movement for mental hygiene took shape in Europe during the 1920s. There were several reasons for this. Apart from Forel's advanced age and his declining health, which prevented him from becoming active in the

⁵⁰ See also Auguste Forel, *Die Gehirnhygiene der Schüler: Vortrag, gehalten in der Vereinssammlung am 20. März 1908*, Schriften des Vereins für Schulreform (Vienna: Manzsche k.u.k. Hof-Verlags- und Universitätsbuchhandlung, 1908); Forel, *Die sexuelle Frage*.

⁵¹ Ritter, *Psychiatrie und Eugenik*, 160.

⁵² Forel, *Hygiene der Nerven und des Geistes*, 325-28.

⁵³ Forel, *Rückblick auf mein Leben*, 156.

emerging mental hygiene associations himself, one important factor may have been that, despite his role in the popularization of eugenics, Forel was not an important scientific authority in this field. Despite his firm advocacy of eugenics, he had not been involved in research in psychiatric genetics, and, notably, remained skeptical about the ethical implications of forced sterilization.⁵⁴ During the interwar years, eugenic perspectives were far more influentially represented by the members of the Genealogic-Demographic Department (*Genealogisch-Demographische Abteilung*, GDA) of the German Research Institute for Psychiatry in Munich, in particular by Emil Kraepelin's Swiss-German protégée Ernst Rüdin and his colleague Hans Luxenburger.⁵⁵ Nonetheless, the name Forel remained part of the history of Swiss mental hygiene during the interwar period. His son Oscar Forel (1891-1982) was a founding member of the Swiss National Committee and became its treasurer and head of the "Commission III," which was tasked with general prophylaxis and, in particular, with the coordination of the committee's activities with the various associations of the temperance movement.⁵⁶ Moreover, as I will show in chapter VI, Auguste Forel's pacifist psycho-utopianism lived on in the Swiss movement for mental hygiene. The Swiss mental hygienists who in the summer of 1939 organized a tragic and quixotic conference with the expressed aim to use mental hygiene for the prevention of an impending world war were profoundly influenced by Forel's ideas. The German-born psychoanalyst Heinrich Meng, who after the Second World War became one of the central figures of mental hygiene in Switzerland, had been a member of Forel's "Good Templars" before 1914, and remained an admirer of Forel and his ideas throughout his life. By omitting any reference to his eugenic and racist views, Meng also contributed to sanitizing Forel's image in post-war Switzerland.⁵⁷

There was also another noteworthy connection between the ideas of Auguste Forel and the international movement for mental hygiene. Adolf Meyer, the eminent American psychiatrist who had played a crucial role in the early development of Clifford Beers's ideas into the NCMH, was originally from Switzerland, where he had been a student of Auguste Forel.⁵⁸ When in 1908 Beers sought for allies in his efforts to create a movement for the betterment of

⁵⁴ Kuechenhoff, "The Psychiatrist Auguste Forel," 222; Forel, *Hygiene der Nerven und des Geistes*, 265.

⁵⁵ Volker Roelcke, "Ernst Rüdin: Renommierter Wissenschaftler, radikaler Rassenhygieniker," *Der Nervenarzt* 83, no. 3 (2012).

⁵⁶ André Repond, "Die Bewegung für psychische Hygiene in der Schweiz," *Zeitschrift für psychische Hygiene* 1, no. 6 (1928): 189.

⁵⁷ Heinrich Meng, *Leben als Begegnung* (Stuttgart: Hippokrates, 1971).

⁵⁸ On the relation between Meyer and Forel, see Lamb, "Pathologist of the Mind," 32-36.

the situation of the mental ill, Meyer was among his first and most important supporters. He did not only see the potential that Beers's initiative held for the psychiatric profession, it was also he who came up with the term "mental hygiene."⁵⁹ Notably, the English translation of Forel's *Hygiene der Nerven und des Geistes* had been published in the previous year, and will probably not have gone unnoted by his former student Meyer.⁶⁰ When seen in this context, some aspects of mental hygiene were perhaps not imported to Europe, but rather re-imported, after having undergone a process of double translation. And to some extent, Auguste Forel was not only the founding father of mental hygiene in Switzerland, but also features prominently in the genealogy of the international movement.

FROM CLASSIFICATION TO PROPHYLAXIS: EMIL KRAEPELIN

Like Forel, Emil Kraepelin, born in 1856, belonged to a generation of psychiatrists who in the course of their careers experienced rapid and profound changes in their discipline. From the early 1880s onwards, psychiatry established itself as a medical specialty at German universities, developed a scientific self-understanding and methodology based on the ideal of empirical, laboratory-based research, and entered an increasingly close cooperation with the state.⁶¹ Kraepelin was not a passive bystander in this transformation; he is today widely considered as one of its main protagonists. His influence still shapes the field today. Present-day classifications of psychiatric diseases like the DSM-5 (*Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*, 2013) are, at least to some extent, based on Kraepelin's nosology of psychoses, and his notion of clinical, foundational research in psychiatry is still the groundwork of the discipline's scientific self-understanding.⁶² Kraepelin was also one of the first and most radical advocates of a systematic approach to psychiatric prophylaxis, and many of his ideas had a lasting and decisive influence on the German mental hygiene movement emerging around the time of his death in 1926. This section gives a concise overview of

⁵⁹ Hans Pols, "Managing the Mind: The Culture of American Mental Hygiene, 1910-1950" (PhD thesis, University of Pennsylvania, 1997), 41; Hans Roemer, "Was will die internationale Bewegung für geistige Hygiene?," *Zeitschrift für psychische Hygiene* 1, no. 2 (1928): 34.

⁶⁰ Auguste Forel, *Hygiene of Nerves and Mind in Health and Disease*, trans. Herbert Austin Aikins (New York and London: G.P. Putnam's Son, 1907).

⁶¹ Roelcke, "Die Entwicklung der Psychiatrie."

⁶² Assen Jablensky, "Living in a Kraepelinian World: Kraepelin's Impact on Modern Psychiatry," *History of Psychiatry* 18, no. 3 (2007); Weber, Burgmair, and Engstrom, "Emil Kraepelin," 2685. For a relatively recent overview of the historiography on Kraepelin and the desiderata in the field, see Eric J. Engstrom and Matthias M. Weber, "Making Kraepelin History: A Great Instauration?," *History of Psychiatry* 18, no. 3 (2007).

Kraepelin's biography, scientific formation and legacy until the turn of the century, before discussing in more detail his understanding of the socio-medical duties of psychiatry and his socio-political views.

SURVEILLER ET ECRIRE

From the beginning of his studies in the mid-1870s, Kraepelin pursued a career in psychiatry. After completing his doctorate in Würzburg in 1878, he worked for short periods as an assistant with Bernhard von Gudden (1824-1886) in Munich and Paul Flechsig (1847-1929) in Leipzig.⁶³ More important for his scientific trajectory was the time he spent in Wilhelm Wundt's (1832-1920) psychological laboratory, which had a crucial and lasting influence on Kraepelin's concept of psychiatric research.⁶⁴ His career almost reached an early end in 1882, when he was fired from his position as an assistant in the psychiatric university clinic of Leipzig after a heated quarrel with the director Flechsig. After a period of uncertainty, Kraepelin's career regained its momentum when he was offered the chair of psychiatry at the University of Dorpat/Jurjew in Russia (today Tartu in Estonia) in 1886 at the age of thirty.⁶⁵

As Wolfgang Burgmair, Eric Engstrom, and Matthias Weber, editors of the comprehensive seven-volume edition of Kraepelin's works, have argued, his years in Dorpat/Jurjew were formative for the staunch German nationalism that would be an integral part of his worldview for the remainder of his life.⁶⁶ The University of Dorpat at that time was formally Russian, but its ethnic makeup reflected the more complex realities of the Baltics. While the students mainly were Livonian, Russian, Polish, Estonian, or from Courland, the faculty predominantly consisted of ethnic Germans.⁶⁷ At the eastern periphery of German academic life, and amidst growing tensions between German professors and Russian authorities, Kraepelin came to understand himself as a forward post of the German nation and civilization. This feeling was

⁶³ Henry Mapother, "Emil Kraepelin," *British Journal of Psychiatry* 73, no. 303 (1927).

⁶⁴ Weber, Burgmair, and Engstrom, "Emil Kraepelin," 2686; Holger Steinberg, *Kraepelin in Leipzig: Eine Begegnung von Psychiatrie und Psychologie* (Bonn: Psychiatrie-Verlag, 2001).

⁶⁵ Holger Steinberg and Matthias C. Angermeyer, "Emil Kraepelin's Years at Dorpat as Professor of Psychiatry in Nineteenth-Century Russia," *History of Psychiatry* 12, no. 47 (2001). See also Florian Mildenberger, "Emil Kraepelin (1856-1926) in Dorpat: Psychiatriereform in panslawistischen Daseinskampf," in *Naturwissenschaft als Kommunikationsraum zwischen Deutschland und Rußland im 19. Jahrhundert*, ed. Ortrun Riha and Marta Fischer (Aachen: Shaker, 2011).

⁶⁶ Weber, Burgmair, and Engstrom, "Emil Kraepelin," 2686; Wolfgang Burgmair, Eric J. Engstrom, and Matthias M. Weber, eds., *Emil Kraepelin*, 7 vols. (Munich: Belleville, 2000-2009).

⁶⁷ Steinberg and Angermeyer, "Emil Kraepelin's Years at Dorpat," 302.

reinforced when, in an attempt to enforce the Russianization of the Baltic areas, the authorities restricted the use of the German language, thereby creating considerable difficulties for the German professors. Increasingly, Kraepelin considered his research as a contribution to German cultural life, and, as the next decades would show, the German nation would eventually supersede the individual patient as the focal point of his medical efforts.

Kraepelin returned to Germany in 1891 to accept the chair of psychiatry in Heidelberg. Continuing the research program that he had begun in Dorpat, he reformed the university clinic into a vanguard research and teaching facility.⁶⁸ The scientific methods advanced by Kraepelin in Heidelberg became a model for the future development of German, and international, psychiatry. The essential component of Kraepelin's conception of the university clinic was a newly constructed surveillance ward (*Wachabteilung*), a clinical space dedicated to the meticulous observation of parts of the clinic's patient population. The introduction of psychiatric surveillance wards in Germany in the late 1880s, pioneered not only by Kraepelin in Heidelberg but also by Robert Sommer in Gießen, marked an important epistemological shift. The "clinical gaze" became an integral part of the psychiatric institution, and replaced the asylum with the university clinic as the privileged space for the production of psychiatric knowledge.⁶⁹

Surveillance was only one aspect of the innovation spearheaded by Kraepelin's clinic in Heidelberg; recording, collecting, and comparing patient files was the other. To use a notion introduced by Paul Flechsig's patient Daniel Paul Schreber (1842-1911), and later picked up by media theorist Friedrich Kittler, the newly created surveillance wards were parts of an elaborate *Aufschreibesystem* – literally, a "system of writing-up," or as Kittler defined it, "a network of techniques and institutions [...] which allow to address, store, and process relevant

⁶⁸ Emil Kraepelin, "Über die Wachabteilung der Heidelberger Irrenklinik," *Allgemeine Zeitschrift für Psychiatrie* 51(1895). For a more detailed account and analysis of Kraepelin's clinical research program in Heidelberg, see Engstrom, *Clinical Psychiatry in Imperial Germany*, 121-46. See also Volker Roelcke, "Unterwegs zur Psychiatrie als Wissenschaft: Das Projekt einer Irrenstatistik und Emil Kraepelins Neuformulierung der psychiatrischen Klassifikation," in *Psychiatrie im 19. Jahrhundert: Forschungen zur Geschichte von psychiatrischen Institutionen, Debatten und Praktiken im deutschen Sprachraum*, ed. Eric J. Engstrom and Volker Roelcke (Basel: Schwabe, 2003); Roelcke, *Krankheit und Kulturkritik*, 152-65.

⁶⁹ Michel Foucault, *Die Geburt der Klinik: Eine Archäologie des ärztlichen Blicks*, trans. Walter Seitter (Frankfurt am Main: Fischer, 1988).

data.”⁷⁰ Around the same time when psychiatric inmate Schreber believed himself to be the object of a divine apparatus recording his every move and utterance, the psychiatric wards of German university clinics developed similar methods. Probably based on his own experience with the statistical techniques of the Bavarian census in the late 1870s, Kraepelin devised a system of diagnostic cards (*Zählkarten*), providing excerpts from patient histories, diagnoses, and the course of the disease. Notably, what played only a minor role in Kraepelin’s conception of psychiatry as a science were the subjective experiences of patients, and the content of their delusions.⁷¹ The diagnostic cards would be updated even after a patient had left the clinic, so that the progression of the disease could be followed.⁷² Based on this large and growing corpus of quantitative data and the underlying assumption that mental illnesses could be distinguished as naturally distinct entities, Kraepelin proceeded to construct nosological groups of psychopathologies, differentiating between diseases according to their assumed etiology, their course, and their final state.⁷³

The Kraepelinian nosology, as laid out in the fifth and sixth editions of his textbook in 1896 and 1899, respectively, quickly became the dominant paradigm in German-speaking psychiatry.⁷⁴ It provided the ascending discipline both with a common diagnostic language, and with an ambitious empirical research agenda that was based on the prestige of the laboratory sciences.⁷⁵ Psychiatry, Kraepelin wrote, now finally had the “same weapons at disposal that have served other fields of medicine so well: clinical observation, the microscope, and experimentation.”⁷⁶ However, as historians of psychiatry have argued for some time now, it would be wrong to reduce Kraepelin’s success to the simplistic narrative of a great man, his invention, and the triumph of scientific objectivity; it has to be understood in its historical context. Kraepelin’s classification system timely appeared at a moment when psychiatry found itself in a “nosological limbo” after previous approaches had lost their cogency. Moreover, the publication of the two editions of his textbook coincided with the issuing of new regulations

⁷⁰ Daniel Paul Schreber, *Denkwürdigkeiten eines Nervenkranken*, ed. Peter Heiligenthal and Reinhard Volk (Frankfurt am Main: Syndikat, 1985), 84-95; Friedrich Kittler, *Aufschreibesysteme 1800-1900*, 3rd ed. (Munich: Fink, 1995), 519.

⁷¹ Roelcke, *Krankheit und Kulturkritik*, 160.

⁷² Engstrom, *Clinical Psychiatry in Imperial Germany*, 140-42.

⁷³ Weber, Burgmair, and Engstrom, “Emil Kraepelin,” 2688; Armin Schäfer, “Die Archivfunktion der Psychiatrie (Kraepelin, Jaspers),” in *Gewalt der Archive: Studien zur Kulturgeschichte der Wissensspeicherung*, ed. Thomas Weitin and Burkhardt Wolf (Konstanz: Konstanz University Press, 2012).

⁷⁴ Emil Kraepelin, *Psychiatrie: Ein Lehrbuch für Studierende und Aerzte*, 6th ed., 2 vols. (Leipzig: Barth, 1899).

⁷⁵ Roelcke, “Die Entwicklung der Psychiatrie,” 112.

⁷⁶ Kraepelin, *Psychiatrie*, 11.

for medical examinations at the universities, and thus answered to a “heightened demand for a teachable psychiatry with clear, concise disease categories.”⁷⁷ Although his system quickly found many supporters, it never became an uncontested consensus among psychiatrists; then and now, the details as well as the basis premises of Kraepelin’s nosology are continuously discussed and challenged.

DEGENERATION, PREVENTION, AND THE STATE

The classification of mental diseases according to their assumed causes was directly connected to the prophylactic perspectives that moved to the fore of Kraepelin’s professional activities after the turn of the century. In the preface to the 1899 edition of his textbook, Kraepelin admitted that, even with new insights in the causation of mental illness, psychiatry’s therapeutic possibilities were, at least for now, very limited. Instead, the rapid advancement in the understanding of such diseases could open up another way out of psychiatry’s stalemate in the fight against mental illness: “The scientific understanding of mental disorders is the indispensable foundation for the solution of the vitally important practical problems that psychiatry has to solve. Primarily, this will be the prevention of mental illness.”⁷⁸ On the one hand, Kraepelin’s promise to overcome psychiatry’s notorious “therapeutic nihilism” answered to public and state expectations in the discipline – especially so, as the last decades of the nineteenth century had seen the number of inmates in psychiatric asylums, and therefore also the costs of the system, multiply.⁷⁹ On the other hand, the consolidation of a common nosology and the promise of a new scope for medical action bolstered psychiatrists’ self-confidence.

A striking expression of this new-found confidence was Emil Kraepelin’s 1899 talk on “the psychiatric duties of the state” (*Die psychiatrischen Aufgaben des Staates*, published 1900).⁸⁰ In a reversal of roles as compared to psychiatry’s nineteenth-century function as an institution

⁷⁷ Engstrom, *Clinical Psychiatry in Imperial Germany*, 146.

⁷⁸ Kraepelin, *Psychiatrie*, 8-9.

⁷⁹ Roelcke, *Krankheit und Kulturkritik*, 158; Blasius, *Einfache Seelenstörung*, 61-115.

⁸⁰ Emil Kraepelin, *Die psychiatrischen Aufgaben des Staates* (Jena: Gustav Fischer, 1900); Eric J. Engstrom, “Organizing Psychiatric Research in Munich (1903-1925): A Psychiatric Zoon Politicon between State Bureaucracy and American Philanthropy,” in *International Relations in Psychiatry: Britain, Germany, and the United States to World War II*, ed. Volker Roelcke, Paul Weindling, and Louise Westwood (Rochester: Rochester University Press, 2010), 50-51.

maintaining social order for the state, Kraepelin demanded that the state should help to fulfill the functions of psychiatry:

When the mentally ill are a menace or burden to the state, the state must under all circumstances try to reach a decrease of their numbers, or at least a slowdown of the increase. Like with all other diseases, prophylaxis is more promising than the therapy of those who are already ill. Thus, it is necessary for the state to search for the sources of mental illness and, if possible, to clog them.⁸¹

Kraepelin's list of demands was only partly concerned with the actual prophylaxis of mental illness. In fact, he named only two causes of disease against which the state might be able to effectively implement preventive measures: the abuse of alcohol and other drugs, and syphilis, which together accounted for more than one-third of psychiatric admissions. By far the greater part of Kraepelin's demands to the state were related to the organization of psychiatry and the legal framework in which it operated, including the socialization and expansion of the asylum system, the reform of penal law, the legal regulations for the confinement of the insane, the establishment of additional psychiatric university clinics, the inclusion of psychiatry into the curriculum of medical schools, and, finally, the improvement of psychiatrists' conditions for work and research. Notably, eugenics were not mentioned in Kraepelin's 1899 talk, and the concept of prevention proposed here was limited to those mental diseases that the textbook published in the same year attributed to exterior, as opposed to interior, causes. The sixth edition of the textbook itself was slightly more comprehensive; its short section on prophylaxis already considered marriage restrictions for the mentally ill as a means of preventing the transmission of hereditary disorders.⁸² But only in the course of the next decade would fears of degeneration and calls for eugenic interventions move to the fore of Kraepelin's prophylactic agenda.

The shift towards prophylaxis and racial hygiene coincided with Kraepelin's move from Heidelberg to Munich in 1903. After Dorpat and Heidelberg, the appointment as professor of psychiatry and head of the university clinic of the Bavarian capital marked the zenith of Kraepelin's academic career. It can also be considered as the beginning of a third phase in his scientific trajectory. While the tenure in Dorpat was characterized by Wundtian experimental

⁸¹ Kraepelin, *Die psychiatrischen Aufgaben des Staates*, 2.

⁸² Kraepelin, *Psychiatrie*, 295-302.

psychology, and Heidelberg by clinical observation and documentation, in Munich Kraepelin's attention turned towards large-scale prophylaxis and the preservation of the health of the German nation as an organic whole.⁸³ Kraepelin's shift towards socio-medical interventions was an outcome of the discrepancy between the impressive scientific advances that psychiatry had experienced in the last decade of the century, and the meagre therapeutic outcome. In this constellation, prophylaxis offered the only auspicious possibility to capitalize on the recent advances in foundational research. Despite occasional waves of therapeutic optimism – like the suggestive treatment of war neurotics, the “heroic therapies” of the interwar period,⁸⁴ or the rise of psychopharmacology since the 1960s⁸⁵ – the idea that individual and large-scale prophylaxis might have to substitute for limited treatment possibilities would remain pertinent for much of twentieth-century psychiatry.

The 1908 article “On the Question of Degeneration” (*Zur Entartungsfrage*) summarized Kraepelin's views about the relation between mental illness and society in the first decade of the twentieth century.⁸⁶ It contained many aspects that had already occupied him before – the increasing number of psychiatric patients and the role of alcohol and syphilis as causal factors for mental illness – but introduced them to a broader conceptual and theoretical framework. As Kraepelin claimed, these issues pointed to a much larger problem: the pathogenic and degenerative influence of modern civilization. The most obvious sign of this crisis in collective health was the dramatic increase in the percentage of psychiatric inmates as compared to the overall population in the last decades of the twentieth century. Kraepelin believed that this problem could be geographically located. It pertained to the inhabitants of European countries, but not to native peoples; a similar imbalance could be found between morbid big city dwellers and healthy rural populations.⁸⁷ Hence, the increase in mental illness had to be caused by the

⁸³ Eric J. Engstrom, "'On the Question of Degeneration' by Emil Kraepelin (1908)," *History of Psychiatry* 18, no. 3 (2007): 395-96. For an overview of Kraepelin's socio-medical efforts in Munich, see Engstrom, "Psychiatry and Public Affairs." See also Michael Shepherd, "Two Faces of Emil Kraepelin," *British Journal of Psychiatry* 167, no. 2 (1995).

⁸⁴ Schmuhl and Roelcke, "Heroische Therapien:" *Die deutsche Psychiatrie im internationalen Vergleich 1918-1945*.

⁸⁵ Shorter, *A History of Psychiatry: From the Era of the Asylum to the Age of Prozac*, 246-62.

⁸⁶ Emil Kraepelin, "Zur Entartungsfrage," *Zentralblatt für Nervenheilkunde und Psychiatrie* 31(1908). Quotes and footnotes refer to the English translation by Eric Engstrom, see Emil Kraepelin, "On the Question of Degeneration (1908)," *History of Psychiatry* 18, no. 3 (2007).

⁸⁷ Kraepelin's observation was in part based on his own travels to Java in 1903, see Emil Kraepelin, "Vergleichende Psychiatrie," *Zentralblatt für Nervenheilkunde und Psychiatrie* 27(1904); Engstrom, "On the Question of Degeneration," 392.

pathogenic influence of the living conditions in big cities, and by urban modernity in general. That alcoholism and syphilis as two “epidemic toxins” (*Volksgifte*) were particularly rampant in urban environments was only one aspect of Kraepelin’s explanation. The more important was that he found the progress of civilization itself to be “able to inflict damage on the deepest roots of our mental health.”⁸⁸

Kraepelin identified numerous ways in which modern civilization exerted its degenerative effects. In line with the contemporary debate on nervousness and neurasthenia, he believed that by enmeshing people in a complex net of social relations and responsibilities, civilization robbed them of their freedom, severed their “relationship with nature,” and created mental strains that could cause “degenerative psychoses” (*Entartungsirresein*).⁸⁹ But, unlike many other voices in the debate, Kraepelin’s broadside critique of civilization did not end here. He also accused modern civilization of “domesticizing” people so that, like overbred household pets, they would lose their powers of resistance; of creating pathogenic conditions of “proletarianization” and urban poverty; of neglecting physical education in favor of a “one-sided cultivation of intellectual facilities;” and finally, of “weakening the natural drives.”⁹⁰ The overall result was a state of degeneration, expressing itself not as a single symptomatic disease, but as a diffuse state of overall morbidity and vulnerability. This process could not only affect individuals, but would lead to a progressive “degeneration of the race.”

Kraepelin’s notion of degeneration was both Darwinist and Lamarckian. He decried the weakening influence of modern civilization on individuals’ fitness in the “struggle for survival.” Yet, simultaneously, he also maintained that the “germs” (*Keime*) of future generations could not only be corrupted by toxins or physical disease, but assumed that “life-experiences [...] do not leave developing germ cells untouched, but can somehow impinge upon the properties governing the lives of future generations.”⁹¹ Moreover, Kraepelin also departed from Bénédict Morel’s hypothesis that degeneration would negatively affect fertility, and therefore would be a self-limiting process affecting individual families – as in a classic example

⁸⁸ Kraepelin, “On the Question of Degeneration,” 400.

⁸⁹ Ibid., 401; Radkau, *Das Zeitalter der Nervosität*.

⁹⁰ Engstrom, “On the Question of Degeneration,” 401-02.

⁹¹ Kraepelin, “On the Question of Degeneration,” 403; Engstrom, “On the Question of Degeneration,” 393. See also Philipp Sarasin, “Kampf ums Dasein,” in *Evolution: Ein interdisziplinäres Handbuch*, ed. Philipp Sarasin and Marianne Sommer (Stuttgart and Weimar: J. B. Metzler, 2010).

of “decadent” fin-de-siècle literature, Thomas Mann’s history of the ascent and decline of the fictional Buddenbrook family.⁹² By contrast, in Kraepelin’s view, degeneration could spread and worsen from generation to generation, and eventually corrupt entire races. The example of the Jews, he believed, showed where this process was headed, their “strong disposition to nervous and mental diseases” being a direct outcome of their advanced “domestication.”

Kraepelin’s Lamarckian argument about the influence of “life-experiences” on the “germ cells” identified social and cultural processes causing individual mental illness with biological processes threatening the body politic. It elevated common fin-de-siècle concerns about the diseases of civilization to an existential question “of *utmost importance* to our existence as a people.”⁹³ To save the nation, Kraepelin insisted, large-scale, state-operated research into the process of degeneration was urgently needed. Decades-long, meticulous studies of entire cities and districts would have to be “undertaken by specially trained commissions comprised of doctors and statisticians whose attention is devoted solely to the task of investigating the question of degeneration.”⁹⁴ Less than a decade later, this ambitious program formulated in 1908 would be tackled by the newly founded German Research Institute for Psychiatry (*Deutsche Forschungsanstalt für Psychiatrie*, DFA, of which later more). Kraepelin’s treatise was widely read and controversially discussed among German psychiatrists in pre-war Germany. Like few other sources, it marks the ingress of the concepts of racial hygiene into the mainstream of German psychiatry in the first decade of the twentieth century. There was, however, no consensus about Kraepelin’s statist approach even among fellow racial hygienists. Notably, even Kraepelin’s assistant Ernst Rüdin – who later came to personify the eugenic alliance of science and the state like no one else – was skeptical about the focus on state-led programs. In an otherwise adulatory review of his superior’s article, he questioned whether the state and the *Reich* at this time would be of any help in the struggle against degeneration.⁹⁵

Despite the fact that they found themselves in opposite political camps, Auguste Forel and Emil Kraepelin’s psycho-political outlooks were strikingly similar. Both Forel and Kraepelin were

⁹² Roelcke, “Biologizing Social Facts,” 390-91. On Morel’s concept of *dégénérescence*, see Pick, *Faces of Degeneration*, 44-59.

⁹³ Kraepelin, “On the Question of Degeneration,” 403. (Original emphasis)

⁹⁴ Ibid.

⁹⁵ Ernst Rüdin, “Review of Emil Kraepelin, Zur Entartungsfrage,” *Archiv für Rassen- und Gesellschaftsbiologie* 6, no. 2 (1909): 256.

avid admirers of Darwin and believed that his ideas had to be applied to human society. They saw themselves as representatives of an objective and unprejudiced scientificity whose uneasy truths had to be asserted against the naïve moralism of society. While such social-Darwinist views were far from uncommon among members of their class and generation, Forel and Kraepelin were among their most outspoken and zealous advocates, and the first psychiatrists to systematically include these views in their theories.⁹⁶ The same also pertained to their reception of Morel's concept of degeneration. The idea that civilization had a negative, "degenerative," effect on individuals and groups had already been popularized earlier by Max Nordau and others and was among the most influential tropes in fin-de-siècle scientific and literary debates.⁹⁷ For Forel and Kraepelin social-Darwinism and the concept of degeneration became the points of departure for a systematic extension of psychiatry's professional sphere of responsibility and activity beyond the asylum walls. Both firmly believed that as psychiatrists, they would have to play a lead role as educators and saviors of mankind in its existential struggle against the dangers posed by alcohol, degeneration, and the suspension of the laws of natural selection in modern civilization.

The main difference was that when it came to achieving these goals, Kraepelin was far more pragmatic and effective than his Swiss counterpart. The utopian Forel tried to achieve his goal of a eugenic "scientific social democracy" by drafting a constitution for the "United States of the Earth."⁹⁸ Kraepelin, by contrast, tried to tap the resources of the existing state authorities for his professional goals. Instead of envisioning a global social-Darwinist scientocracy, he lobbied for a research institute that would conduct foundational research in psychiatric heredity. As the following section shows, in the end, Kraepelin's strategy was more successful.

RESEARCH FOR THE HEALTH OF THE NATION

As I will discuss in more detail in the context of Robert Sommer's prophylactic efforts, plans for a new psychiatric research institute were already discussed before Kraepelin adopted this idea. In 1910, Sommer published a memorandum for the creation of a psychiatric department

⁹⁶ Roelcke, *Krankheit und Kulturkritik*, 169.

⁹⁷ Max Nordau, *Entartung*, vol. 1 (Berlin: C. Duncker, 1892), esp. 3-71. See also Roelcke, *Krankheit und Kulturkritik*, 141-79.

⁹⁸ Auguste Forel, *Die Vereinigten Staaten der Erde (Ein Kulturprogramm)* (Berne and Lausanne: Otto Volkart and E. Peytrequin, 1914).

of the *Reich* health office (*Reichsgesundheitsamt*) that, if it had been created, would have tackled similar tasks as Kraepelin's future institute. Sommer's psychiatric department was projected as a facility devoted to foundational research, providing psychiatric researchers with the necessary resources and working conditions and freeing them from the distracting and time-consuming every-day routine of hospitals and asylums. Apart from collecting and centralizing data about psychiatric institutions in Germany and conducting foundational research, its task would have been to create the psychiatric expertise needed to counter the perceived threat of degeneration.⁹⁹ Although it received some support from within the psychiatric discipline, Sommer's ambitious program never materialized.¹⁰⁰

After Sommer's plans had been scrapped, the board of the German Psychiatric Association (*Deutscher Verein für Psychiatrie*, DVP) asked Kraepelin in 1912 to prepare another memorandum for a psychiatric research institute.¹⁰¹ Like Sommer, the DVP's board had first envisioned an institution that would have been at least partially state-founded, and had hoped to obtain funding from the Kaiser Wilhelm Society for the Advancement of Science (*Kaiser-Wilhelm-Gesellschaft zur Förderung der Wissenschaften*, KWG). In his memorandum, published in 1916, Kraepelin had opted for the same approach and argued that requesting the "vigorous help" of the KWG would be the "natural way" to fund the institute.¹⁰² At the time of the publication, the KWG had already rejected the funding of a psychiatric research institute, both because there was no consensus inside the KWG about the inclusion of clinical research in its program, and because a direct rivalry was feared with the Kaiser Wilhelm Institute for Brain Research (*Kaiser-Wilhelm-Institut für Hirnforschung*), established in Berlin in 1914.¹⁰³ With no state funding available, Kraepelin turned to an approach that he had mentioned as a "last resort:" searching for wealthy patrons to realize the research institute as an independent foundation.¹⁰⁴

⁹⁹ Robert Sommer, "Eine psychiatrische Abteilung des Reichsgesundheitsamts," *Psychiatrisch-Neurologische Wochenschrift* 12, no. 12 (1910).

¹⁰⁰ Alois Alzheimer, "Ist die Einrichtung einer psychiatrischen Abteilung im Reichsgesundheitsamt erstrebenswert?," *Zeitschrift für die gesamte Neurologie und Psychiatrie* 6(1911).

¹⁰¹ Weber, "Psychiatric Research and Science Policy."

¹⁰² Kraepelin, "Ein Forschungsinstitut für Psychiatrie," 25.

¹⁰³ Weber, "Psychiatric Research and Science Policy," 236-37; Roelcke, "Die Entwicklung der Psychiatrie," 119.

¹⁰⁴ Kraepelin, "Ein Forschungsinstitut für Psychiatrie," 28.

Despite these inauspicious beginnings, the German Research Institute for Psychiatry (*Deutsche Forschungsanstalt für Psychiatrie*) was successfully established during the war. That this founding took place in spite of the lack of state funding and under the adverse wartime conditions was mainly due to Kraepelin's prestige and prominence. It was, however, also the result of a momentous coincidence. In late 1915, Kraepelin had incidentally met an "American gentlemen" willing to support his project with a substantial donation. The man in question turned out to be James Loeb (1867-1933), a German-born philanthropist, who had made a considerable fortune as a banker in the United States.¹⁰⁵ After retiring in 1902, Loeb devoted himself and his wealth to supporting the arts and charities. As the anecdote has it, he had seen Sigmund Freud after a mental breakdown, and then had consulted Kraepelin after having found no help in psychoanalysis.¹⁰⁶ Be that as it may, in January 1916, he agreed to a huge donation of 500,000 marks, provided that other donors would be found to cover the additional funds required for the research institute. Kraepelin successfully convinced numerous other patrons to support his plans and eventually secured 1,700,000 marks in contributions. On 13 February 1917, the German Research Institute for Psychiatry was formally established.

The German Research Institute for Psychiatry began its research activities on 1 April 1918. At this time, the institute had five departments, representing key areas of knowledge in Kraepelin's understanding of psychiatry as a science: histopathology I and II, headed by Franz Nissl and Walther Spielmeier, respectively; histotopography, headed by Korbinian Brodman; serology, Felix Plaut; experimental psychology, headed by Johannes Lange and Kraepelin; and finally, the demographic-genealogical department, headed by Ernst Rüdin.¹⁰⁷ Due to a lack of suitable rooms, a planned chemistry department could initially not be realized.¹⁰⁸

The structure of the research institute clearly documents the general orientation of contemporary psychiatric research, which was almost exclusively based on laboratory research, the natural sciences, and biology in particular.¹⁰⁹ To Kraepelin, the institute was more than a facility for cutting-edge foundational research. It was also the basis for the salvation of the

¹⁰⁵ Friedrich Wilhelm Hamdorf, "Loeb, James," in *Neue Deutsche Biographie* 15 (1987).

¹⁰⁶ Weber, "Psychiatric Research and Science Policy," 239.

¹⁰⁷ *Ibid.*, 241.

¹⁰⁸ Emil Kraepelin, "Die Verfassung der Deutschen Forschungsanstalt für Psychiatrie in München," *Zeitschrift für die gesamte Neurologie und Psychiatrie* 55(1920): 316; Weber, "Psychiatric Research and Science Policy," 241-42.

¹⁰⁹ Roelcke, "Die Entwicklung der Psychiatrie," 119.

German nation in a time of existential crisis. “The devastations that the world war has caused just among our best and healthiest urge us in the strongest manner to do whatever is possible to avert the dangers to our future that arise from this heavy loss of the noblest forces,” Kraepelin wrote in the last months of the war in summer 1918. “Among the many enemies that we have to fight, *mental diseases* stand in the front line.”¹¹⁰

This bellicose rhetoric obviously echoed the political and public language in wartime Germany. To some extent, this alarmism may have been part of a strategy to legitimize and advertise the founding of a research institute that would pay its director a yearly salary of 20,000 marks.¹¹¹ But more importantly, Kraepelin’s concern for the survival of the nation linked his prophylactic ideas to his vigorous nationalism. This combination did not emerge during the war, but had already been a crucial part of his thought when he was still in Dorpat in the late 1880s. The experience of the war, however, radicalized his outlook. In 1916, he joined the People’s Committee for the Prompt Subjugation of England (*Volksausschuß für die rasche Niederkämpfung Englands*), a group of right-wing activists organizing lectures and drawing up guidelines supporting all-out submarine warfare and the annexation of vast territories. He quickly withdrew from this kind of active politics; not because of a change on convictions, but, as Eric Engstrom has pointed out, because the inherent squabbling of political organizations did not appeal to his impatient activism.¹¹² After the war, he would position himself as an outspoken opponent of the new Weimar Republic in particular, and of democratic ideas in general. However, after his brief foray into party politics during the war, he returned to the view that he could better serve his nation as a scientist. In this perspective, the struggle against the internal enemy of mental illness was a continuation of the nation’s fight against external enemies:¹¹³ “The enormous war we have experienced has shown us what victorious weapons science was able to forge for our fight against a world of enemies – should it be any different in the struggle against an internal enemy seeking to destroy the basis of our existence?”¹¹⁴

¹¹⁰ Emil Kraepelin, “Die Deutsche Forschungsanstalt für Psychiatrie,” *Die Naturwissenschaften* 6, no. 23 (1918): 333. (Original emphasis). See also Emil Kraepelin, “Ziele und Wege der psychiatrischen Forschung,” *Zeitschrift für die gesamte Neurologie und Psychiatrie* 42(1918): 201-05.

¹¹¹ Kraepelin, “Ein Forschungsinstitut für Psychiatrie,” 21.

¹¹² Engstrom, “Psychiatry and Public Affairs,” 123-26.

¹¹³ *Ibid.*, 127.

¹¹⁴ Emil Kraepelin, “Hundert Jahre Psychiatrie,” *Zeitschrift für die gesamte Neurologie und Psychiatrie* 38(1918): 270-71.

Rather than the individual patient, the target of Kraepelin's research efforts was the health of the body politic. As he argued, mental diseases were not only among the worst illnesses that could afflict an individual, but also a major threat to the health and wellbeing of the nation itself. The mentally ill were an almost unbearable burden to families and welfare institutions, and the hereditary transmission of mental illness would have a most destructive effect on future generations. Moreover, Kraepelin was not only worried about the social burden of "more than a quarter of a million of people who are mentally more or less crippled or destroyed."¹¹⁵ Even more, he was concerned about the enormous number of borderline cases who were not mentally ill in the narrower sense, but nonetheless a menace to society:

[...] those who we describe as 'nervous,' eccentrics, psychopaths, or as feeble-minded and inferior, or as degenerates and enemies of society. Many of the former wear themselves out in inner struggles and troubles, and due to their mental deficiencies cause misery and confusion on countless occasions. The latter, however, are born criminals and become a scourge for their environment, or as vagabonds become an epidemic plague (*Volksplage*) against which we are almost powerless.¹¹⁶

Kraepelin's occupation with the psychiatric borderline cases was not entirely new. In the seventh edition of the textbook, published in 1904, he had devoted an entire chapter on the "psychopathic personalities." His classification of four types of borderline cases introduced then – born criminals, pathological liars, querulous persons, and *Triebmenschen* (persons driven by primitive instincts) – remained an important reference for the psychiatric understanding of deviant behavior well into the mid-1920s.¹¹⁷ In the years prior to the war, the "psychopathic personalities" had mainly attracted the attention of forensic psychiatrists and criminologists, who often used the concept to argue for an extension of the role of medical expert testimonies in penal law and the introduction of more subtle categories for the assessment of criminal responsibility.¹¹⁸ After the war, however, the "psychopaths" became a primary concern of psychiatrists and lawmakers. The epidemic of "war neuroses" seemed to have uncovered a vast

¹¹⁵ Kraepelin, "Die Deutsche Forschungsanstalt für Psychiatrie," 333.

¹¹⁶ Kraepelin, "Ein Forschungsinstitut für Psychiatrie," 2.

¹¹⁷ Emil Kraepelin, *Psychiatrie: Ein Lehrbuch für Studierende und Ärzte*, 7th ed., vol. 2 (Leipzig: J. A. Barth, 1904), 815-41; Wetzell, *Inventing the Criminal*, 146-47.

¹¹⁸ See, for example, Emil Kraepelin, "Das Verbrechen als soziale Krankheit," *Monatsschrift für Kriminalpsychologie und Strafrechtsreform* 3, no. 1 (1906); Karl Bonhoeffer, "Bemerkungen zur Frage der Einführung der verminderten Zurechnungsfähigkeit," *Charité-Annalen* 37(1913).

reservoir of “inferiors” among the general population, people who under normal circumstances were inconspicuous, but whose inherited mental deficiencies made them susceptible to both exceptional mental states and suggestive influences. To conservative psychiatrists, the 1918/19 revolution seemed like a confirmation of their apprehensions, and in numerous diagnoses of current events, participants and leaders of the revolution were identified as dangerous “psychopaths.”

Some of the most acrimonious psycho-political diagnoses came from the staff of the recently founded German Research Institute for Psychiatry.¹¹⁹ In his “psychiatric observations on contemporary events” (*Psychiatrische Randbemerkungen zur Zeitgeschichte*), published in a right-wing nationalist monthly, Kraepelin explained that the deprivations and mental strain of the wartime had left the German “national soul” (*Volksseele*) in a state of hysterical weakness, which had eventually led to the military collapse and the ensuing civil war.¹²⁰ Just like his former student Robert Gaupp and his assistant Eugen Kahn, Kraepelin was convinced that this state of mass hysteria had brought the masses under the suggestive spell of dangerous “psychopaths,” who had incited and steered the revolutionary upheaval.¹²¹ Even more than in his colleagues’ writings, the main thrust of his argument was social-Darwinist. The short-lived rule of the Bavarian Soviets, with their belief in equality and direct democracy, had reversed the natural hierarchy and led to a rule of the irrational masses and mentally defectives known as the “proletariat.”¹²² To save the nation, Kraepelin called for large-scale socio-medical interventions, including public hygiene, the abolition of social ills, the reeducation of the people, and, most of all, the methodical, eugenic breeding of Germany’s future leaders and elites.

Even among the many psycho-political programs issued by psychiatrists during and after the First World Wars, Kraepelin’s ideas stood out as radical. However, what he formulated in 1919 was not some exceptional and emotional reaction by an aging scholar, caused by the experience of the post-war turmoil in Munich, but merely a radicalized expression of positions that he had

¹¹⁹ Kahn, “Psychopathie und Revolution.”; Kahn, “Psychopathen als revolutionäre Führer.”; see also Martin H. Geyer, *Verkehrte Welt: Revolution, Inflation und Moderne: München 1914-1924* (Göttingen: Vandenhoeck & Ruprecht, 1998), 98-103.

¹²⁰ Kraepelin, “Psychiatrische Randbemerkungen zur Zeitgeschichte.” See also Engstrom, “Psychiatry and Public Affairs.”

¹²¹ Gaupp, “Der nervöse Zusammenbruch und die Revolution.”

¹²² Kraepelin, “Psychiatrische Randbemerkungen zur Zeitgeschichte,” 181.

held since long before the war. From the turn of the century onwards, Kraepelin had increasingly positioned himself as the most prominent and outspoken advocate of a psychiatric discipline that did not limited itself to caring for the mentally ill, but actively intervened in society. His efforts were based on a resolutely social-Darwinist worldview, and were aimed at reinstating the principle of natural selection that the process of civilization had suspended, and which alone was allegedly able to restore the health of the German nation.

From the beginning, the German Research Institute for Psychiatry was part of this agenda. At the opening ceremony of the institute in 1917, Kraepelin had made clear that, in times of war and national crisis, no distinction had to be made between foundational research and national interests. Drawing an analogy between psychiatry and those branches of the sciences that had provided the German military with poison gas and explosives, Kraepelin declared that science had forged the weapons for the struggle with external foes of the nation – “should it be any different in the fight against an internal foe which aspires to destroy the foundations of our existence?”¹²³ Unlike the German army, the scientific center of German psychiatry was not demobilized in 1918. As Kraepelin wrote about three years after the end of the war, the institute should be “the home of rigorous science,” but its ultimate goal was “to serve the nation’s health and to work toward healing the deep wounds which bitter fate has inflicted upon our fatherland.”¹²⁴ As Eric Engstrom has rightly pointed out, the result was an inherent contradiction between scientific universalism and political nationalism that permeated the German Research Institute for Psychiatry. On the one hand, the aim of its research was to uncover the basic principles of mental illness; a research agenda that necessarily transcended national borders. As a center for foundational research, the institute enjoyed considerable international prestige and attracted numerous scholars from abroad. On the other hand, it based its scientific legitimacy on a nationalist agenda. It was to represent the prowess of German science on the international stage, and to improve public health as part of the nation’s “struggle for survival.”

INTERNAL COLONIZATION

¹²³ Kraepelin, “Hundert Jahre Psychiatrie,” 270-1.

¹²⁴ “Zweiter Bericht über die Deutsche Forschungsanstalt für Psychiatrie in München zur Stiftungsratssitzung am 30. April 1921,” *Zeitschrift für die gesamte Neurologie und Psychiatrie* 70, no. 1 (1921): 349; Engstrom, “Psychiatry and Public Affairs,” 127. Both quotes follow Engstrom’s translation.

In the years to follow, the idea of a psycho-political regeneration of the German nation continued to occupy Kraepelin. His concerns found their clearest expression in a lecture held on the day two years after the double proclamation of a German republic in Berlin, which bore the telling title *Über Entwurzelung* ("On uprootedness").¹²⁵ In his 1919 reflections on contemporary events, Kraepelin had used the common, but elusive and speculative notion of a "collective soul" (*Volksseele*) to construe a connection between psychopathological states and socio-political phenomena; in the 1920 lecture, he revisited the topic and tried to reframe the question of individual mental illness and the community in a more systematic way. What is remarkable about this lecture is that, while not a departure from his earlier views, Kraepelin clearly shifted the focus; away from biology and heredity, to the psycho-social dynamics of mental disorder. The lecture began with a programmatic statement: "Man is a gregarious animal (*Herdentier*)."¹²⁶ As Kraepelin argued, the human personality was decisively shaped by a person's relations with his or her environment, "primarily by his family, as well as by his companions and friends, and finally by his compatriots (*Volksgenossen*).¹²⁷ These social bonds were what gave a person mental support and stability, provided a direction in volition and action, and offered refuge in times of crisis. Therefore, the severance of these social relations, which Kraepelin using a telling organic metaphor described as a person being "uprooted" like a plant from its soil, was directly connected to mental disorder; it could be a consequence of a pre-existing disorder, but also its cause.

Family relations stood at the center of Kraepelin's reflections in the first part of the lecture, but the immediate connection to the current political and social situation must have been obvious to anyone in the audience in 1920 Germany. Not only that the war had in fact shattered many families, in the eyes of a nationalist conservative like Kraepelin, "uprootedness" and the severance of social bonds also offered an apt description of the general state of the German nation. With the end of the war and the revolution, the mythologized national unity of August 1914 had been replaced by political struggle and disorientation, and – another analogy between family and nation – the end of the monarchy had left the nation "fatherless."¹²⁷ Consequently, in the second half of the lecture, Kraepelin turned to national politics, extending his notion of

¹²⁵ Emil Kraepelin, "Über Entwurzelung," *Zeitschrift für die gesamte Neurologie und Psychiatrie* 63(1921). For a full translation and more detailed discussion of Kraepelin's lecture, see Eric J. Engstrom and Matthias M. Weber, "'On Uprootedness' by Emil Kraepelin (1921)," *History of Psychiatry* 21, no. 3 (2010).

¹²⁶ Kraepelin, "Über Entwurzelung," 1.

¹²⁷ Federn, *Zur Psychologie der Revolution: Die vaterlose Gesellschaft*.

the social integration of the individual from his or her immediate environment to the nation as a community: “Furthermore, we all are, by lineage, upbringing, and fate, members of a nation (*Volk*), whose whole development is the primal ground (*Urgrund*) of our existence. It is here where our mental life is firmly grounded; it is here where, as the poet says, the strong roots of our power are.” As he had already done in earlier writings, Kraepelin used the example of the Jews to illustrate where the process was going and to construe a link between psychopathologies and alleged national traits, claiming that “the unpleasant internationalism of the Jewish people was brought up by the national uprootedness that was imposed on them.”¹²⁸ This loss of rootedness in the own nation, which, as Kraepelin believed, had already befallen the Jewish people, was now threatening the Germans. As he anxiously observed, it was symptomatic that Germans were increasingly marrying foreigners, and gradually losing their native language, which was more and more interspersed with words of Latin origin.¹²⁹

Kraepelin’s lecture followed the usual dramatic composition of German-speaking psychiatrists’ post-war tracts. After the dangers to the very existence of the nation and the body politic had been vividly portrayed, a psycho-political program for the salvation of the nation was laid out. First of all, Kraepelin argued, the connection between mental disorder and uprootedness had to be thoroughly researched. If, as he believed certain, a link between the two could be established, resolute socio-medical actions had to be taken. Unlike his earlier writings on degeneration, Kraepelin refrained from any reference to eugenics and racial hygiene, and focused on living conditions and the restoration of the internal cohesion of the national community instead. Two years after Germany had lost its colonies abroad, Kraepelin advocated measures of “internal colonization,” which would “strengthen the cohesion of the families, [create] the possibility to settle on one’s own land, foster family research and the creation of families, the facilitation of early marriage and child-rearing, to prevent the scattering of the families, [and work towards] a prohibition of child labor and restrictions for taverns, and finally, [to promote] all measures that put a stop to the subversive influence of internationalism, and invigorate the inner cohesion among all compatriots (*Volksgenossen*).”¹³⁰ Kraepelin’s program was a particularly reactionary variety of the ubiquitous contemporary discourse on national regeneration. Against the corrosive effects of urban modernity and the international circulation of people and ideas, he

¹²⁸ Kraepelin, “Über Entwurzelung,” 5.

¹²⁹ Ibid., 6.

¹³⁰ Ibid., 7-8.

advocated a return to blood relations and soil-bound rural life; and as the key concepts indicate, his ideas were at least compatible with the Nazi ideology that took shape during the same time, and also in Munich.

Kraepelin's 1920 lecture has also been noted for its use of a notion that would gain in importance during the following decade and once again after the Second World War: "social psychiatry." Did Kraepelin anticipate what later became known under this label when he spoke of social psychiatry as a "science, which we today rather conjecture than know"?¹³¹ Later in the century, the protagonists of social psychiatry would advocate a thorough reform of psychiatry, a move away from biologism to an understanding of the patient in his or her social context, and the introduction of forms of treatment that questioned the hierarchies in the traditional doctor-patient-relationship.¹³² While it is true that Kraepelin in his 1920 lecture ventured beyond a purely biological understanding of mental illness and into the field of the psycho-social, there is little more to connect his notion of "social psychiatry" with what later became known under the same name. Kraepelin's social psychiatry would have had little interest in the individual patient, or in questioning hierarchies in psychiatric treatment. Instead, the notion stood for a kind of psychiatry that left the asylum behind, and devoted itself to prophylaxis on a national scale and to the paternalist reeducation of the nation instead. In this context, social psychiatry was envisioned as a science that would create (or reaffirm) the knowledge needed to use psychiatry to treat and cure a national community wounded and shattered by the ongoing trauma of modernity and war.

Kraepelin's "social psychiatry" never became a reality. After retiring from his professorship in 1922, he continued to devote himself to his final project, the establishment of the German Research Institute for Psychiatry, until his death in 1926. He was one of the earliest and most influential proponents of a comprehensive program of psychiatric prophylaxis for the health of the national community. As such, he was a direct and important precursor for many ideas that would later make up the agenda of the German mental hygiene movement. His social-Darwinist views directly or indirectly influenced most of the protagonists of the movement. A few years

¹³¹ Ibid., 8.

¹³² Catherine Fussinger, "'Therapeutic Community,' Psychiatry's Reformers and Antipsychiatrists: Reconsidering Changes in the Field of Psychiatry after World War II," *History of Psychiatry* 22, no. 2 (2011); Michael Neve, "A Commentary on the History of Social Psychiatry and Psychotherapy in Twentieth-Century Germany, Holland and Great Britain," *Medical History* 48, no. 4 (2004).

after this death, Kraepelin's ideas also spelled the end for mental hygiene as a pluralist approach in Germany. With its increasing scientific importance and political leverage, eugenic racial hygiene supplanted other, less biologicistic approaches discussed by the mental hygiene movement. In 1933, it was one of Kraepelin's closest collaborators, his longtime protégée Ernst Rüdin, who became the president of the renamed German Association for Mental Hygiene and Racial Hygiene (*Deutscher Verband für psychische Hygiene und Rassenhygiene*).¹³³

SLEEP, HEREDITY, AND MENTAL HYGIENE: ROBERT SOMMER

That an organized movement for mental hygiene emerged in Germany in the second half of the 1920s was the result of the activities of Robert Sommer. He was the founder and chairman of the German Association for Mental Hygiene (*Deutscher Verband für psychische Hygiene*, DVPH), and also the co-founder and the president of the other association occupied with mental hygiene, the General Medical Society for Psychotherapy (*Allgemeine Ärztliche Gesellschaft für Psychotherapie*, AÄGP).¹³⁴ Sommer's lobbying for the founding of the DVPH had only begun at the urging of Clifford Beers after his voyage to Europe in 1923. Nonetheless, Sommer's dedicated pursuit of mental hygiene and, more generally, the idea psychiatric prophylaxis reached back until the turn of the century, antedating even the founding of the first mental hygiene association in the United States in 1908 by almost a decade. In publications by German representatives of the mental hygiene movement, Sommer was usually seen as the leader and founder of the mental hygiene in Germany and credited with having been the first to introduce the notion of "mental hygiene" (*psychische Hygiene*) as early as 1901.¹³⁵

Although he was one of the most influential figures in German psychiatry and psychology in the first third of the twentieth century, Robert Sommer has received relatively little scholarly attention. Unlike the two other thought leaders of psychiatric prophylaxis in the German-speaking countries, Auguste Forel and Emil Kraepelin, few studies have dealt with Sommer

¹³³ On Rüdin, see Roelcke, "Ernst Rüdin."; Matthias M. Weber, *Ernst Rüdin: Eine kritische Biographie* (Berlin et al.: Springer, 1993).

¹³⁴ Although mental hygiene played only a secondary role in the society's debates and activities, it was nonetheless present in the title of the AÄGP's journal: From 1928 to 1929, the journal was named *Allgemeine Ärztliche Zeitschrift für Psychotherapie und psychische Hygiene*, from 1930, the full title was *Zentralblatt für Psychotherapie und ihre Grenzgebiete einschließlich der medizinischen Psychologie und psychischen Hygiene*.

¹³⁵ Hans Roemer, "Psychische Hygiene," in *Handwörterbuch der psychischen Hygiene und der psychiatrischen Fürsorge*, ed. Oswald Bumke, et al. (Berlin and Leipzig: Walter de Gruyter, 1931), 296.

and his ideas. This section gives an overview of the biography of the “founding father” of mental hygiene in Germany, and to assess his contribution to the extension of psychiatry’s sphere of activity before and after the First World War. In particular, this section will serve to illustrate how the mental hygiene ideas of the interwar period were linked to older, fin-de-siècle debates on nervousness, neurasthenia, and the psychiatric challenges of urban modernity, and to Sommer’s notion of heredity.

Following a general overview of Sommer’s biography and academic career, I turn to his approach to psychiatric prophylaxis, examining the two major strands of his prophylactic ideas: the prevention of exogenous neuroses through the establishment of public resting rooms and related measures, and the prevention of endogenous neuroses through family studies, research in heredity, and eugenics. Moving chronologically, the following parts of this section deal with Sommer’s pre-war attempts to institutionalize his ideas on a national level by lobbying for the establishment of a psychiatric department of the *Reich* public health office (*Reichsgesundheitsamt*) or a *Reich* institute for family studies and heredity research (*Reichsinstitut für Familienforschung und Vererbungslehre*), and his medical, socio-political, and economic ideas during and after the First World War.

WALKING ON WATER

Born 1864 as son of a Protestant lawyer in the Silesian town Grottkau (today Grotków in Poland), Sommer studied philosophy and medicine in Leipzig.¹³⁶ He completed his studies with a doctorate in philosophy in 1887 with a thesis on the relationship between John Locke and René Descartes, and passed his state examination in medicine in the following year. Subsequently, he joined Wilhelm Wundt’s (1832-1920) psychophysiological laboratory in Leipzig for a short period. Wundt’s laboratory was then the undisputed world center of experimental psychology, attracting not only some of the leading German psychologists and

¹³⁶ This biographical sketch follows Michael Meyer zum Wischen, “*Der Seele Tiefen zu ergründen...*” *Robert Sommer (1864-1937) und das Konzept einer ganzheitlichen, erweiterten Psychiatrie* (Gießen: Wilhelm Schmitz, 1988). For a contemporary account of Sommer’s life and career, see Wilhelm Weygandt, “Das Leben und Wirken von Robert Sommer,” *Zeitschrift für psychische Hygiene* 10, no. 3 (1937). For Sommer’s own account of his own and his ancestry’s lives, see Robert Sommer, *Familienforschung, Vererbungs- und Rassenlehre*, 3rd ed. (Leipzig: Johann Ambrosius Barth, 1927), 263-343.

psychiatrists, but also many scholars from abroad.¹³⁷ Emil Kraepelin, eight years Sommer's senior, had worked there a decade earlier. Although Sommer spend only little time in Leipzig, his studies with Wundt had a great impact on his scientific outlook, and the methods of experimental psychological continued to occupy him in the following decades. After subsequent assistantships in Rybnik and Würzburg, Sommer completed a second doctorate in 1891, now in medicine, with a thesis on Samuel Thomas von Soemmering's (1755-1830) theory on the localization of the soul. In May 1895, aged thirty, he was appointed as professor of psychiatry at the University of Gießen and head of the new psychiatric clinic, which was then still under construction.¹³⁸ Sommer would spend the rest of his career in Gießen, remaining in this position for almost four decades until his retirement in 1933. He died in 1937.

The economic safety and scientific independence that came with his tenure gave Robert Sommer the possibility to follow an exceptionally broad range of research interests. Almost all fields of contemporary psychology and psychiatry were part of his research at some time: criminal psychology and forensic psychiatry, the new examination methods of experimental psychology, family studies and psychiatric heredity research, the psychology of genius, animal psychology, and – most relevant in this study – psychotherapy and different approaches to psychiatric prophylaxis. In the years after the turn of the century, Sommer also developed a remarkable organizational activity, hosting a series of conferences and seminars in Gießen. Following a 1904 congress on experimental psychology and a 1906 seminar on the treatment and education of the feeble-minded, Sommer organized two seminars on criminal psychology and forensic psychiatry, which took place in 1907 and 1909 respectively. For the emergence of Sommer's prophylactic and eugenic ideas, two more seminars, dealing with "family research and the study of heredity and regeneration" (*Familienforschung, Vererbungs- und Regenerationslehre*) in 1908 and 1912, are particularly noteworthy. A quarter of a century later, these seminars were one reason why Sommer was lauded as an early advocate and pioneer of the Nazis' understanding of racial hygiene – a questionable praise that he did not deserve.¹³⁹ As Sommer claimed in 1912, his various and shifting interests were no eclecticism, but part of a

¹³⁷ On Wilhelm Wundt's role for early psychology, see Robert W. Rieber and David K. Robinson, eds., *Wilhelm Wundt in History: The Making of a Scientific Psychology* (New York: Kluwer Academic/Plenum, 2001).

¹³⁸ Ulrike Enke, "Die ersten Jahre der psychiatrischen Universitätsklinik Gießen unter ihrem Direktor Robert Sommer," in *Psychiatrie in Gießen: Facetten ihrer Geschichte zwischen Fürsorge und Ausgrenzung, Forschung und Heilung*, ed. Uta George, et al. (Gießen: Psychosozial-Verlag, 2003).

¹³⁹ Ernst Rüdin and Hans Roemer, "Robert Sommer †," *Zeitschrift für psychische Hygiene* 10, no. 1 (1937).

more encompassing program, with the various seminars forming “a coherent series of efforts to methodologically represent the hereditary disposition and whole personality of individual humans, and the natural character of specific groups of humans on the basis of an observing psychology and the natural sciences.”¹⁴⁰

In a similar vein, Sommer’s biographer Michael Meyer zum Wischen has claimed that his scientific oeuvre followed the unifying idea of a holistic, “extended psychiatry,” based on Wundt’s psycho-physiological school.¹⁴¹ While Sommer occasionally used the notion of “extended psychiatry,” this seems nonetheless more like an *ex post facto* rationalization of his eclecticism, in which – despite some recurring themes – a consciously defined and encompassing research agenda is difficult to discern. Notably, even close collaborators like Wilhelm Weygandt (1870-1939) complained about the missing coherence and scientificity of some of Sommer’s research.¹⁴² There were few fields in contemporary psychiatry and psychology that did not attract his interest at some point, but not always did his reflections produce viable results.

Sommer’s bustling activity was not limited to the psy-disciplines. He also was a local politician and served as a member of Gießen’s city council from 1910 to 1922; he published on the ancient history of the region and authored poetry and comedic plays of questionable quality. Moreover, Sommer also considered himself an inventor; his most remarkable contraption being a pair of clunky water-walking shoes that he used to hike the local river Lahn and for which he had filed a patent application. After the beginning of the First World War, he tried to put his inventive mind into the service of the nation by drafting flying machines for the army; in the early 1930s, he delved into another idea that would only realize its potentials several decades later: electronic music. An assiduous organizer as much as an inventor, Sommer did not limit himself to designing his own gadgets, but also lobbied for the creation of a national institute for inventors in the early 1930s.¹⁴³ There were also connections between his activity as an inventor and his interest in psychology. In his psychological research, Sommer tried to devise equipment for measuring the physical expressions of psychological processes. At the same time, he also

¹⁴⁰ Robert Sommer, *Bericht über den II. Kurs mit Kongress für Familienforschung, Vererbungs- und Regenerationslehre in Gießen vom 9. bis 13. April 1912* (Halle a. S.: Carl Marhold, 1912), 2-6.

¹⁴¹ Meyer zum Wischen, *Robert Sommer*, IX.

¹⁴² Weygandt, "Das Leben und Wirken von Robert Sommer," 78-79.

¹⁴³ UAG, Robert Sommer papers, vol. 36-37.

pondered the psychological aspects of being an inventor, and his generalizing remarks on the inventor's psychology provide us with the clearest expression of his self-view and motivation:

The true inventor, with his mind set on the shaping of a future, often unwillingly and through an organic pressure (*organischer Zwang*) occupies a special place in relation to his environment. From this side, this often asserts itself as rejection, scorn, if not in doubting the normal mental constitution of the inventor, while he, if life does not provide him with spiritually related people, becomes increasingly self-reliant, retracts, and works on his ideas as an eccentric character. Only if his invention leads to exterior success, this tension between the inventor and his environment becomes balanced.¹⁴⁴

PREVENTING MENTAL ILLNESS IN ONE'S SLEEP

Throughout his career, Robert Sommer's political, societal, and medical ideas were often closely interlinked. The promotion and preservation of public health was one important concern during his political activities as city council member, and his medical reflections on individual and collective pathologies were at the core of Sommer's ideas about political, social, and economic reform. This connection would eventually culminate in his lead role in the institutionalization of mental hygiene in Germany. There are good reasons not to adopt the German mental hygiene movement's own teleological narrative, according to which Sommer's turn-of-the-century ideas led more or less directly to the interwar-period movement.¹⁴⁵ This would not only mean to understate the role of the efforts of the US-based National Committee for Mental Health (NCMH) for the global founding of mental health associations in the 1920s, it would also mean to overlook that the ideas that Sommer associated with the notion of "mental hygiene" in 1902 were still far apart from the encompassing agenda that characterized the international movement in the interwar period. Instead, his initial use of the notion of "mental hygiene" was part of the pervasive debate on nervousness and neurasthenia that reached its zenith around the turn of the century.¹⁴⁶

¹⁴⁴ UAG, Robert Sommer papers, vol. 14, 32-33.

¹⁴⁵ Roemer, "Psychische Hygiene," 296; Kauders, "Geschichte der psychischen Hygiene," 14.

¹⁴⁶ See, for example, Radkau, *Das Zeitalter der Nervosität*; Roelcke, *Krankheit und Kulturkritik*; Killen, *Berlin Electropolis*.

As the example of Sommer clearly shows, the emergence of ideas of psychiatric prophylaxis was part of a broader debate on the detriments of modernity. The debate on neurasthenia was, first and foremost, a debate about managing and balancing the body's energies in a rapidly modernizing environment, in which the increasing acceleration of social and economic life, new technologies and new and intense stimuli put the individual mind under constant stress. It was in this context that Robert Sommer first introduced the notion of "mental hygiene." As he wrote in a 1902 article, one of the most serious challenges to mental health was the increasing lack of sleep. Insufficient sleep, he argued, could not only be a symptom of mental illness, but also its cause, as sufficient rest ensured the necessary restoration of nervous energy: "Only sleep can be a corrective against the damage caused by the haste of present-day traffic."¹⁴⁷ Thus, as Sommer saw it, the fight against insufficient rest and sleep was an important problem to be tackled by public health initiatives: "If one finally wants to take serious the idea of mental hygiene and the preservation of nervous energy, then the public organization of rest will be one of the first and, to a certain degree, solvable tasks."¹⁴⁸

Mental hygiene in this sense meant the "preservation of nervous energy" (*Nervenkraft*) in the face the mental challenges of an accelerated urban modernity. For Sommer, two groups of people were particularly prone to this dangerous kind of nervous exhaustion: big city dwellers, and the visitors of the large exhibitions, overwhelmed by new and unfamiliar impressions for hours on end.¹⁴⁹ He proposed a simple solution: the establishment of "public resting halls" (*öffentliche Ruhehallen*), where one would be able to sleep and relax for an hour or a half.¹⁵⁰ And in a way that was certainly characteristic for much of his work, Sommer did not only formulate the general idea, but was also concerned about the details of its implementation. His article not only included detailed plans for a model *Ruhehalle* and its furnishings, but also financial estimates on building expenses and cost return.

¹⁴⁷ Robert Sommer, "Die Einrichtung von öffentlichen Schlaf- und Ruhehallen," *Die Krankenpflege* 2(1902): 528.

¹⁴⁸ *Ibid.*, 529.

¹⁴⁹ Notably, as a symbol of an accelerating modernity and industrialization, trade exhibitions were a recurring topic in the discourse on nervousness, see, for example, Killen, *Berlin Electropolis*, 15-16.

¹⁵⁰ Sommer, "Die Einrichtung von öffentlichen Schlaf- und Ruhehallen," 529. Incidentally, in recent years, very similar establishments have been established in some major cities, but today the idea of offering spaces for "power napping" has little to do with the prevention of mental illness, and more with improved performance and self-optimization.

As the following decades would show, public resting rooms were not just a passing fad of Sommer's, but a project for which he persistently continued to lobby. A first model *Ruhehalle* was built for the 1911 hygiene exhibition in Dresden; in the following year, the proposal was awarded a prize at the International Exhibition for Social Hygiene (*Esposizione Internazionale d'Igiene Sociale*) in Rome.¹⁵¹ Spurred by the prize and the fact that his plans had been realized at the Dresden exhibition and received some positive feedback by colleagues and visitors, Sommer intensified his propaganda activities. He distributed reprints of his initial plans, published additional articles, and, notably, also sent a memorandum to the administrations of numerous big cities, both in Germany and abroad – yet, to no avail.¹⁵²

His activities came to a halt with the beginning of the First World War. Only some years after the war, the founding of the German Society for Mental Hygiene (*Deutscher Verein für psychische Hygiene*, DVPH) offered Sommer a new platform for his efforts. Sommer placed the public resting rooms on the DVPH's agenda, optimistically hoping that the newly founded association in cooperation with the Reich Ministry of the Interior could now get the German city administrations to realize his plans.¹⁵³ Yet, other mental hygienists in Germany did not share the same enthusiasm for the *Ruhehallen*, and neither did the city administrations.¹⁵⁴ Only on two occasions was Sommer's idea actually translated into architecture in interwar Germany: in 1928 at the International Press Exhibition ("Pressa") in Cologne,¹⁵⁵ and in 1930 at the II. International Hygiene Exhibition in Dresden, where both a room and a marquee were designated as rest areas.¹⁵⁶

¹⁵¹ Robert Sommer, "Die öffentlichen Schlaf- und Ruhehallen bei der Internationalen Hygiene-Ausstellung in Dresden," *Psychiatrisch-Neurologische Wochenschrift* 13(1911); Robert Sommer, "Die weitere Entwicklung der öffentlichen Ruhehallen," *Klinik für psychische und nervöse Krankheiten* 6(1911): 371; see also Roelcke, "Prävention in Hygiene und Psychiatrie," 398; Johann Susmann Galant, "Robert Sommers Idee der öffentlichen Ruhehallen und ihre Verwirklichung in Sowjet-Rußland," *Zeitschrift für psychische Hygiene* 1, no. 3 (1928): 91.

¹⁵² Sommer, "Die weitere Entwicklung der öffentlichen Ruhehallen," 377.

¹⁵³ Robert Sommer, "Die psychische Hygiene der Arbeit und Erholung," in *Bericht über die Erste Deutsche Tagung für Psychische Hygiene in Hamburg am 20. September 1928*, ed. Hans Roemer (Berlin et al.: De Gruyter, 1929).

¹⁵⁴ See, for example, Hermann Simon to Gustav Kolb, 21 January 1931, Hermann Simon papers, 926/141.

¹⁵⁵ See "Die Halle 51 der Dresdner Hygieneausstellung," *Zentralblatt für Psychotherapie* 3, no. 10 (1930): 629. Indeed, the overview of the exhibition grounds in the 1928 catalogue also shows a small "resting room" (*Ruheraum*), see *Internationale Presse-Ausstellung Köln 1928*, ed. *Pressa, Internationale Presse-Ausstellung Köln 1928: Amtlicher Katalog* (Berlin and Cologne: Rudolf Mosse, 1928), 6-7. In the unpublished manuscript for the "international manual of mental hygiene" (*Internationaler Leitfaden der psychischen Hygiene*) written around 1930, Robert Sommer found the Pressa resting room to be an implementation of his idea, see UAG, Robert Sommer papers, Vol. 25, 130.

¹⁵⁶ L. Gaupp, "Rückblick auf Führungen in der Abteilung des Deutschen Verbandes für psychische Hygiene auf der Internationalen Hygiene-Ausstellung Dresden 1930 und 1931," *Zeitschrift für psychische Hygiene* 5, no. 6 (1932): 164.

Further east, the idea that public occasion for rest and sleep might have a beneficial effect on the mental health of the population was apparently received more positively. As the Russian neurologist Johann Susmann Galant reported in 1928, the Soviet Union had begun to establish such facilities in the “houses of culture” (*doma kul'tury*) in Leningrad and Moscow, as part of broader prophylactic efforts. It is doubtful if there was any direct connection between Sommer's ideas and the Soviet initiative, as implied by Galant.¹⁵⁷

During the 1920s and 1930s, Robert Sommer's conception of psychiatric prophylaxis continued to be strongly influenced by the turn-of-the-century debate on nervousness that had led him to propose the establishment of *Ruhehallen*. His ideas were not limited to the importance of sufficient rest and sleep for the preservation of mental health. For Sommer, the mind of the modern man was under constant attack from an increasingly stressful and demanding environment; if not counteracted by rest, relaxation, temperance, and self-discipline, the relentless bombardment by affective emotions and new impressions would invariably produce mental strain that could lead to mental exhaustion, nervousness, and neuroses. In the manuscript to his “international manual of mental hygiene” (*Internationaler Leitfaden der psychischen Hygiene*), which eventually went unpublished due to the earlier release of the handbook edited by Oswald Bumke et al. in 1930, Sommer declared: “Doubtlessly, the preservation of the peace of mind of both the individual and the whole of the nation is one of the objectives of mental hygiene.”¹⁵⁸ As he believed, the small annoyances of everyday life could build up until they became a threat to the mental health of the individual and even to public health.

Consequently, mental hygiene reflections had to enter even the most mundane aspects of everyday life. By ensuring a smooth functioning of the household, public events and buildings, Sommer was convinced, harmful anger and frustration could be avoided and the peace of mind could be preserved. At the same time, mental hygienists would also have to propagate healthy forms of recreation. In a paper held in absentia at the 1930 First International Congress, Sommer expressly suggested moderate physical activity, the appreciation of art, and soothing hobbies,

¹⁵⁷ Galant, “Robert Sommers Idee der öffentlichen Ruhehallen.” See also Grégory Dufaud, “Politiser la médecine: La psychiatrie extrahospitalière en Russie soviétique (années 1920 et début des années 1930),” *Revue d'histoire moderne & contemporaine* 61, no. 3 (2014).

¹⁵⁸ UAG, Robert Sommer papers, vol. 25, 127.

like collecting things. Even the right way of using the relatively new medium of the radio could become a matter of mental hygiene, revealing Sommer's underlying reservations against excessive modernity:

And we must take a stand in regard to the modern invention of the radio, which allows the individual to expose himself to a great number of impressions. [...] But if these technical achievements are sensibly used, if people are temperate in listening to music and lectures, and do not, as often occurs, try to take in in a short time an international mixture from all sorts of cities, the radio can be used for the problems of mental hygiene.¹⁵⁹

Robert Sommer's broad definition of mental hygiene that encompassed the "prophylaxis of anger" and many aspects of everyday life was not shared by most other members of the movement. Nonetheless, his somewhat over-sensitive reservations against the small nuisances of modern life were not just a personal quirk. In particular, his ideas overlapped with positions of the Wilhelmine "anti-noise" movement, which had started its crusade against the allegedly pathogenic influences of noise shortly before the turn of the century.¹⁶⁰ Sommer tried to set the fight against noise on the agenda of mental hygiene, advocating a "mental hygiene of noise" against the negative influences of noise produced by road traffic, and as he emphatically stressed, by motorcycles in particular.¹⁶¹ Despite Sommer's continuing efforts, this topic remained of little importance in the German mental hygiene movement's debates.¹⁶² His concerns about noise and the radio show Sommer's ambiguous stance towards urban modernity. As his activities as an inventor illustrate, Sommer was no outspoken anti-modernist, but he was cautious about the mental effects of an accelerating modernity. A moderate liberal conservative, he did not share Auguste Forel or Emil Kraepelin's socio-medical fervor. As the following

¹⁵⁹ Robert Sommer, "The Meaning of Recreation and Avocation in Mental Hygiene," in *Proceedings of the First International Congress on Mental Hygiene, held at Washington D.C., U.S.A. May 5th to 10th, 1930*, ed. Frankwood E. Williams (New York: The International Committee for Mental Hygiene, 1932), 555.

¹⁶⁰ Joachim Radkau, *Das Zeitalter der Nervosität: Deutschland zwischen Bismarck und Hitler* (Munich: Propyläen, 2000), 224-28; Frank Uekötter, *Umweltgeschichte im 19. und 20. Jahrhundert* (Munich: R. Oldenbourg, 2007), 20-21; Heinz Schott, "Die 'kranke Gesellschaft': Sozialkritische Diagnosen der Medizin," *Arzt und Christ* 38, no. 3 (1992): 176.

¹⁶¹ Robert Sommer, "Die psychische Hygiene des Lärms," *Allgemeine ärztliche Zeitschrift für Psychotherapie und psychische Hygiene* 2, no. 1 (1929).

¹⁶² For one of the few exceptions, see F. Holtzmann, "Lärmbekämpfung," in *Handwörterbuch der psychischen Hygiene und der psychiatrischen Fürsorge*, ed. Oswald Bumke, et al. (Berlin and Leipzig: Walter de Gruyter, 1931).

section will show in more detail, in comparison to Forel's internationalist and eugenicist utopia and Kraepelin's visions of anti-urbanist "internal colonization," his own ideas on "natural aristocracy" seemed relatively tame. Sommer did not attempt to reshape society in its entirety, but merely wanted to blunt the harmful impact of modernity, while using its potentials without disturbing the status quo too much. Notably, whereas Forel and Kraepelin called for top-down, state-led social engineering, Sommer found society and the public to be the point of departure for societal change.

DEGENERATION AND REGENERATION

Ruhehallen and related ideas were not the only reason why Robert Sommer became the founder and leader of the mental hygiene movement in Germany. Already before the First World War, he persistently stressed the role of hereditary factors for mental illness and positioned himself as a staunch supporter of eugenics in the name of psychiatric prophylaxis. On first sight, his advocacy of socio-medical interventions aimed at the reproductive behavior of the population seems in sharp contrast to his rather thin-skinned attempts to defend peoples' minds against the mental dangers of everyday nuisances like noise, insufficient sleep, and the diversity of international radio broadcasts. Both approaches were necessarily connected for Sommer. As he summarized in 1930, a holistic approach to psychiatric prophylaxis could only be successful when both kinds of causative factors of mental illness – exogenous and endogenous factors – were addressed.¹⁶³ *Ruhehallen* and eugenics therefore were two sides of the same coin named mental hygiene.

Unlike many other eugenicists, Robert Sommer was no unconditional adherent of the theory of degeneration. In his textbook on the diagnostics of mental illness, published in 1901 at the height of the public obsession with degeneration, Sommer forcibly positioned himself against the widespread simplistic and inflationary use of the concept. Mental illness could be hereditary, Sommer argued, but this fact could not support the pessimistic worldview of degeneration and *décadence*, for heredity was neither a necessary cause for mental illness nor a unidirectional process: "Against the fact of degeneration, which for the literature of the last

¹⁶³ Robert Sommer, "Die nationale und internationale Organisation der psychischen Hygiene," *Deutsches Ärzteblatt*, no. 11 (1930).

decades has been the scientific background for its pessimism, one must set the equally assured fact of the regeneration of families.”¹⁶⁴

Moreover, Sommer also attacked psychiatrists and criminal anthropologists' occupation with small morphological oddities and deformations, so-called “signs of degeneration” (*Degenerationszeichen*). A deviance from a morphological norm without functional impairment could not be called pathological, he pointed out, and even significant physical deformations were not necessarily connected to any mental abnormality.¹⁶⁵ Sommer's questioning of the reach of the degeneration paradigm went along with a rejection of the corresponding concepts and research methods. In direct opposition to Kraepelin's *Entartungsirresein*, he asked whether there was any use in conflating diverse symptoms into a common category of “degenerative psychoses.” At the same time, he also doubted the use of statistical methods for understanding the role of heredity for mental disorders: “It would be better to break with the statistical method in this complex area of organic phenomena, and to replace the statistical pooling of incongruent cases with a thorough analysis of the individual case from the perspective of its pathogenesis.”¹⁶⁶

As the spokesman of the German mental hygiene association from the second half of the 1920s, Sommer routinely stressed the two-pronged approach of mental hygiene, aimed at the prevention of both endogenous and exogenous mental illness.¹⁶⁷ In his own trajectory, however, these two approaches did not appear simultaneously. When presenting his plans for the *Ruhehallen* in 1902, he had vehemently argued against the exaggerated and ubiquitous talk of degeneration, and advertised relaxation and sleep as the method of choice for the prevention of mental disorder.¹⁶⁸ Only in the following years would his notion of psychiatric prophylaxis extend to endogenous factors.

Sommer developed and systematized his ideas for a prophylaxis of hereditary mental disorder in the 1907 book *Familienforschung und Vererbungslehre* (“family research and genetics”). In

¹⁶⁴ Robert Sommer, *Diagnostik der Geisteskrankheiten für praktische Ärzte und Studierende* (Berlin and Vienna: Urban & Schwarzenberg, 1901), 67-68.

¹⁶⁵ Ibid., 74-75.

¹⁶⁶ Ibid., 75. Notably, many of these reservations against the degeneration paradigm were also acknowledged by Kraepelin, who nonetheless accepted its general validity, see Kraepelin, *Psychiatrie*, 92-97.

¹⁶⁷ See, for example, Sommer, “Die nationale und internationale Organisation der psychischen Hygiene,” 130.

¹⁶⁸ Sommer, “Die Einrichtung von öffentlichen Schlaf- und Ruhehallen,” 528.

keeping with his earlier statements about the futility of the statistical method, his study in heredity was not based on the aggregation of mass data, but relied heavily on the in-depth analysis of a single family history reaching from the fourteenth to the twentieth century. Instead of gathering morphological signs of degeneration, Sommer traced biographies, careers, literary works, and the changes in family crests. This methodology, he claimed, offered a unique long-term perspective unavailable to more quantitative approaches.¹⁶⁹ Despite his idiosyncratic method, Sommer came to the same conclusions as many of his more clinically oriented colleagues. Heredity was a major cause for various forms of mental illness, but exogenous pathogens like alcohol and syphilis could also damage the “germs” (*Keime*) and thus cause endogenous mental illness in future generations.¹⁷⁰ Like Kraepelin, he believed that these insights into the causation of mental illness would reshape the psychiatric discipline, providing it with novel possibilities for prevention, and shifting its focus from the clinic to the social sphere:

Just like analytical psychopathology is the foundation of psychiatry as a science, the knowledge about hereditary characteristics and the causes of degeneration is the foundation for the methodical advancement of regeneration, which is the goal of social psychiatry (*Sozialpsychiatrie*).¹⁷¹

Under the label of “regeneration,” Sommer outlined a prophylactic program that would become the basis of his definition of mental hygiene. As far as exogenous factors were concerned, his psycho-political demands were hardly distinguishable from those of the other protagonists of psychiatric prophylaxis, advocating both the betterment of unhealthy living conditions, and the fight against alcoholism, morphinism, and the spread of syphilis.¹⁷²

There were striking differences when it came to the prevention of hereditary mental illness. Generally, Sommer agreed with the eugenic paradigm that the only way to prevent this kind of endogenous mental illness was to consciously change reproductive behavior. This was where

¹⁶⁹ Robert Sommer, *Familienforschung und Vererbungslehre* (Leipzig: Johann Ambrosius Barth, 1907), V-VI.

¹⁷⁰ *Ibid.*, 27-32.

¹⁷¹ *Ibid.*, 2. On the notion of “social psychiatry” in early twentieth-century psychiatry, see Heinz-Peter Schmiedebach and Stefan Priebe, “Social Psychiatry in Germany in the Twentieth Century: Ideas and Models,” *Medical History* 48, no. 4 (2004): 451-56.

¹⁷² Sommer, *Familienforschung und Vererbungslehre*, 218-19.

the similarities ended. Despite all the talk of race, heredity, and degeneration, Sommer's 1907 eugenic musings were largely free from the social-Darwinist jargon that was rampant in Forel and Kraepelin's contemporary writings. Sommer did not believe that coercive socio-medical interventions led by the state should be the method of choice. The marriage restrictions for people suffering from hereditary diseases would be "an extraordinary violation of personal liberties." Moreover, Sommer was appalled by the outlook of the more radical coercive measures proposed by some of his colleagues. Calls for the castration of the mentally ill, he argued, were nothing but ideas "of brutal natures, who thereby betray their own share in the moral degeneration of our times." Even more resolutely he rejected any notion of restoring the health of the nation by killing people suffering from hereditary mental illness:

The notion of preventing degeneration by brutally annihilating weaker beings is nothing but a cultural expression of this degeneration, and has been disproved by history, as, for example, the case of the Spartans shows. The killing of creatures, who were believed by certain people to be harmful in some way, has never helped to rid the world of what it was intended to.¹⁷³

This passage was certainly among the most unambiguous and categorical repudiations of euthanasia as a means of psychiatric eugenics written by a German psychiatrist in the first half of the twentieth century. Notably, although the First World War shifted Sommer's political outlook well to the right, and he increasingly adopted nationalist and social-Darwinist views after 1914, this statement remained unchanged in the two subsequent editions of the book on family research, published in 1922 and 1927 respectively.¹⁷⁴

Instead, Sommer was – and remained – profoundly convinced that any eugenic regeneration had to be the outcome of decisions taken voluntarily and without coercive pressure. A liberal bourgeois believing in inner values, he argued against marriage decisions taken for exterior, superficial motives like money, possessions, degrees or titles. For the progeny, the quality of their "germs" was more important than the social status of their parents, and the best way to ensure the reproduction of those "capable and healthy" was the propagation of love

¹⁷³ Ibid., 220.

¹⁷⁴ Robert Sommer, *Familienforschung und Vererbungslehre*, 2nd ed. (Leipzig: Johann Ambrosius Barth, 1922), 192; Sommer, *Familienforschung, Vererbungs- und Rassenlehre*, 83-84.

marriages.¹⁷⁵ This rather unsystematic approach to eugenics was embedded in a broader, and equally vague notion of “natural aristocracy” (*natürlicher Adel*). The group that until now had called itself “aristocracy” had not even been able to prevent its own degeneration, Sommer claimed. What was needed instead, was the permeation of the nation with a novel idea of aristocracy based on the natural sciences, which would effect a voluntary selection of those healthy and capable, and eventually lead the way to regeneration.¹⁷⁶

Robert Sommer clearly was a eugenicist, but his views were different from those held by many others in the field. His staunch rejection of coercive measures set him apart from most other advocates of eugenics. While his attempts to put the notion of “natural aristocracy” on the official agenda of the German Association for Mental Hygiene failed, he continued to argue for the voluntariness of eugenics into the 1930s.¹⁷⁷ Against this backdrop, it was a tragic irony that the German Association for Mental Hygiene, founded on Sommer’s initiative in 1925, increasingly developed into a mouthpiece for more radical interpretations of eugenics, and after 1933 became a propagandist tool for the racial hygiene policies of the Third Reich. On the occasion of Sommer’s death in 1937, Ernst Rüdin and Hans Roemer lauded Sommer as a pioneer of the racial hygiene policy of the Third Reich, claiming that with his research and his lectures on psychiatric heredity, he had “long beforehand actively contributed to the creation of the scientific and personal preconditions for the eugenics policy (*Erbgesundheitspolitik*) of the Third Reich.”¹⁷⁸ Despite Sommer’s shift to the nationalist right after 1914, this kind of praise was undeserved.

PROPHYLAXIS AND THE STATE

In his 1907 book on family research and heredity, Sommer had announced the emergence of a “social psychiatry” (*soziale Psychiatrie*), and had called for an education of the broad mass of the people that would teach them the ideal of “natural aristocracy” and the importance of

¹⁷⁵ Sommer, *Familienforschung und Vererbungslehre*, 221.

¹⁷⁶ *Ibid.*, 218-25. For an earlier iteration of this idea, see Eduard Reich, *Studien über die Volksseele aus dem Gesichtspunkte der Physiologie und Hygiene*, 2nd ed. (Jena: Hermann Costenoble, 1879), 279-84. See also Alexandra Gerstner, *Neuer Adel: Aristokratische Elitekonzeptionen zwischen Jahrhundertwende und Nationalsozialismus* (Darmstadt: Wissenschaftliche Buchgesellschaft, 2008).

¹⁷⁷ UAG, Robert Sommer papers, vol. 13, no. 19. See also Robert Sommer, “Psychiatrische Erblchkeitsforschung und psychische Hygiene,” in *Bericht über die Erste Deutsche Tagung für psychische Hygiene in Hamburg am 20. Dezember 1928*, ed. Hans Roemer (Berlin and Leipzig: Walter de Gruyter, 1929).

¹⁷⁸ Rüdin and Roemer, “Robert Sommer †,” 1.

voluntary eugenics. He had, however, said little to nothing about how these lofty goals were to be achieved. In the case of the *Ruhehallen*, Sommer had immediately drafted plans and budgets. The broader social and prophylactic reorientation of psychiatry as a discipline was a larger project. Only from 1910 onwards, Sommer began to consider the more practical aspects of his ideas. Recognizing that they could not be fruitfully realized as an independent initiative, he sought to tap the resources of the state, lobbying for the creation of a psychiatric department of the *Reich* health office (*Reichsgesundheitsamt*) as a focal point for psychiatry's socio-medical efforts.¹⁷⁹ Although in the end Sommer's plans came to nothing, his efforts are noteworthy for several reasons: they constitute the first attempt to institutionalize a broader idea of psychiatric prevention as part of state policy and activity; they were an important step in the formulation of the agenda of mental hygiene; and finally, these plans were a direct precursor of Emil Kraepelin's German Research Institute for Psychiatry, a fact that has usually been overlooked in the historiography of the Munich institute.¹⁸⁰

Robert Sommer took the decision to lobby for a national, state-run psychiatric research facility shortly after attending the Fourth International Congress for the Care of the Insane in Berlin in October 1910.¹⁸¹ This congress, Sommer wrote, had most clearly revealed to what degree psychiatry had become a "social science" (*soziale Wissenschaft*).¹⁸² In numerous ways, psychiatrists were now discussing the social role of their discipline and the interplay between mental illness and society – from the reform and extension of institutional care, to the relations between psychiatry and penal justice, and to the social roots of mental illness and their relation to "specific widespread illnesses, mores and nuisances, and to civilization in general." None of these topics was all new, but as Sommer saw it, psychiatry's extension into the social sphere had clearly reached a tipping point. In particular, the increasing social relevance of the discipline had also changed its relation to the political authorities. Already now, representatives of state, province, and city administrations had attended the conference in ceremonial functions.

¹⁷⁹ On the *Reich* health office, see Axel C. Hüntelmann, *Hygiene im Namen des Staates: Das Reichsgesundheitsamt 1876-1933* (Göttingen: Wallstein, 2008).

¹⁸⁰ See, for example, Weber, "Psychiatric Research and Science Policy."

¹⁸¹ For the overall proceedings of the conference, see Justus Karl Edmund Boedeker and Wilhelm Falkenberg, eds., *IV. Internationaler Kongress zur Fürsorge für Geistesranke, Berlin, Oktober 1910: Offizieller Bericht* (Halle a. S.: C. Marhold, 1911).

¹⁸² Sommer, "Eine psychiatrische Abteilung des Reichsgesundheitsamts," 295.

What mattered now, Sommer argued, was to translate this “decorative phenomenon” into a permanent exchange profitable to both sides.¹⁸³

Sommer’s attempt to provide the state with valuable public health expertise in exchange for research funding and social leverage is certainly a textbook example for a typical configuration of the relation between scientific experts and the state, in which both sides provided “resources for each other.”¹⁸⁴ Nonetheless, unlike much of the historiography following the paradigm of psychiatry as a tool of social control and bio-politics has implied, the alliance between psychiatry and the state was not necessarily a love marriage. This even applies to a right-wing nationalist and alleged representative of “state psychiatry” like Emil Kraepelin.¹⁸⁵ While he considered as his medical duty the preservation and restoration of the body politic and the nation, he was in fact highly ambiguous about the role of the state. In line with his social-Darwinist leanings, he blamed the state for having introduced a welfare system that had suspended the process of natural selection and was therefore responsible for the rampant degeneration of the nation. However, as his initial attempts to receive state funding for the research institute and its eventual acquisition by the Kaiser Wilhelm Society show, he had no hesitations to exploit the state’s resources to advance his research agenda.

Likewise, Robert Sommer was not overly enthusiastic about the bargain with the state that he himself proposed in 1910. The reason, however, was entirely different from Kraepelin’s social-Darwinist concerns. A staunch believer in scientific internationalism, Sommer’s notion of an institutionalization of “social psychiatry” was not limited by state borders, but followed the model of pre-war international organizations like the awkwardly named and short-lived International Commission for the Study of the Causes of Mental Diseases and Their Prophylaxis, founded in Milan in 1906, or the International League against Epilepsy, founded in Budapest in 1910.¹⁸⁶ In this perspective, cooperating with the state was neither an end in itself, nor was it to entail a retreat into national boundaries. Instead, Sommer was convinced

¹⁸³ Ibid., 295-96.

¹⁸⁴ Ash, “Wissenschaft und Politik als Ressourcen für einander.”

¹⁸⁵ Engstrom, “Organizing Psychiatric Research in Munich,” 49.

¹⁸⁶ Robert Sommer was a member of both associations, and also sat on the “international action committee” of the ILAE, see Simon D. Shorvon, Giselle Weiss, and Howard P. Goodkin, “Notes on the Origins of Epilepsia and the International League Against Epilepsy,” *Epilepsia* 50, no. 3 (2009): 373; R. Percy Smith, “The International Committee for the Study of the Causes and Prophylaxis of Mental Disease,” *British Journal of Psychiatry* 56, no. 234 (1910).

that the inclusion of psychiatry into established national frameworks of “social medicine” was the most effective way to ensure the advancement of a project that was inherently international.¹⁸⁷

The recent developments in clinical psychiatry, and the new understanding of the causation of mental illness, Sommer argued, necessarily pushed psychiatry into the social sphere (*das soziale Gebiet*). While institutional care would have to remain in its present decentralized form, the newly emerging social science of psychiatry required a “common center for research and organization.”¹⁸⁸ To represent all aspects of psychiatry as a social science and a part of public health, Sommer’s plans prevised four sections for the department. First, a section for asylums and institutional care, which would collect and assess statistics and reports from all German states; second, a clinical section with thirty to fifty beds for the observation of “scientifically important cases;” third, a section for forensic psychiatry, which would mainly have to defend psychiatry against unjustified charges of abusing its power in the court rooms; and finally, a fourth section devoted to “heredity research and mental hygiene.” After the *Ruhehallen* plan, this was Sommer’s second attempt to implement a form of “mental hygiene.” However, whereas in 1902 he had defined mental hygiene as methods for the “preservation of nervous energy,” in 1910 the notion took on another meaning, and became largely identical with eugenics for the prevention of mental illness. To illustrate what he meant by mental hygiene, Sommer explicitly referred to the *Archiv für Rassen- und Gesellschaftsbiologie*, the main journal of German racial hygienists. In the interwar period, he would try to reconcile both approaches as complementary parts of a two-pronged strategy of mental hygiene, but an inherent tension remained.

Sommer’s call for the creation of a psychiatric department of the *Reich* health office made it to the petition committee of the *Reichstag*. This was where the project ended. On 25 January 1911, Sommer’s foray was rejected for two reasons: First, as the government commissioner (*Regierungskommissar*) in charge pointed out, the *Reich* health office would not be able to support a clinical research department for psychiatry without ignoring similar demands by numerous other disciplines, or fundamentally changing its function as a state agency. The place of foundational research was to remain in the university clinics. Furthermore, Sommer’s plans

¹⁸⁷ Sommer, “Eine psychiatrische Abteilung des Reichsgesundheitsamts,” 296.

¹⁸⁸ Ibid.

also were in conflict with the federal structure of German psychiatry, in which the individual German states, and not the *Reich*, would have been responsible for the creation and maintenance of new psychiatric institutions.¹⁸⁹ Despite some continued lobbying efforts, which were also supported by the chair of psychiatry in Breslau, Alois Alzheimer (1864-1915), this was the end of Sommer's plans.¹⁹⁰ His subsequent calls for the creation of a *Reich* institute for family research and genetics (*Reichsinstitut für Familienforschung und Vererbungslehre*) in 1914, based on the fourth section of the institute prevised in his previous plans and the theoretical reflections from his 1907 book, were equally ineffective.¹⁹¹

"I AM A GERMAN"

In his memories of the times before the First World War, written after the beginning of the second, Stefan Zweig remembered pre-1914 Europe as an idyllic continent of safety, progress, and international mobility. Careers, morals, and currencies were safe, ideas and people traveled lightly from country to country, and the victory over injustice, sickness, and poverty seemed only a matter of time.¹⁹² Obviously, there are many reasons not to take this idealized account at face value; it tells less about the realities of pre-war Europe than about an émigré's nostalgia for a world that he had lost forever. Nonetheless, the writings of Robert Sommer confirm Zweig's depiction of the caesura of 1914. But whereas Zweig helplessly observed Europe's shift to nationalism, Sommer participated in it. A dedicated proponent of scientific internationalism and a liberal believing in the advancement of the human race before the war, Sommer discovered his nationalist leanings in August 1914. Quickly, he turned from his previous cosmopolitan ideas to the preservation of the collective health of a beleaguered German nation.¹⁹³ Sommer's poetry clearly marks this sharp caesura. In late July, he wished for "Peace" in a poem of the same name: "Lay down your arms! Do you want to struggle eternally? / Shall all of Europe drown in blood?" By 8 August, he had already penned the first of a series

¹⁸⁹ Robert Sommer, "Zur Frage einer psychiatrischen Abteilung des Reichsgesundheitsamts," *Psychiatrisch-Neurologische Wochenschrift* 13(1911): 31.

¹⁹⁰ Alzheimer, "Einrichtung einer psychiatrischen Abteilung."

¹⁹¹ Robert Sommer, "Organisation und Aufgaben eines Reichsinstituts für Familienforschung und Vererbungslehre," *Deutsche Medizinische Wochenschrift*, no. 14 (1914).

¹⁹² Stefan Zweig, *Die Welt von Gestern: Erinnerungen eines Europäers* (Stockholm: Bermann-Fischer, 1941).

¹⁹³ See also Cay-Rüdiger Prüll, "The Exhausted Nation - Psychiatry and Medicine on the Home Front (1914-1918): The Case of Robert Sommer and the City of Giessen," in *War, Trauma and Medicine in Germany and Central Europe (1914-1939)*, ed. Hans-Georg Hofer, Cay-Rüdiger Prüll, and Wolfgang U. Eckart (Freiburg: Centaurus, 2011).

of bellicose patriotic hymns: "I am a German. Do you know my colors? / The flag that flies ahead of us is black, white, red."¹⁹⁴

The beginning of the First World War coincided with Sommer's new role as chancellor of the University of Gießen. He used this position to help mobilize the university and its medical school for the war effort. A "war commission" set up and headed by Sommer tried to tackle the many challenges that the war brought to Gießen. Although far removed from the frontlines in the east and west, the university clinic was transformed into a military hospital treating an increasing number of wounded soldiers. The rising workload was exacerbated by the fact that numerous physicians, nurses, and students had been drafted for military service, so that a smaller staff had to deal with a rising number of patients. This was not limited to the university clinic. Numerous general practitioners had also been called to service, so that civilian patients had to frequent the military hospitals. The medical operations at the university had to be adapted quickly to the wartime situation, and so did teaching and research. With most of the students in military service, the lectures for the remaining few almost entirely dealt with the practical aspects of wartime medicine and other war-related topics.¹⁹⁵ At the same time, personal and material resources for research became increasingly scarce.¹⁹⁶ In short, it was not only a general change of the political climate, but also a very real and pressing organizational, medical, and social crisis that formed the background of Sommer's wartime reflections.¹⁹⁷

In his chancellor's speech held on 1 July 1915, Sommer pondered the psychiatric questions posed by the war from various perspectives. At this time, his outlook was relatively optimistic. The "mental resilience of the German nation," both of the fighting troops and the civilian population, had proved to be unexpectedly strong, and while the war certainly had caused a serious number of neuroses and other mental disorders, it had also mobilized regenerative forces. Nonetheless, Sommer argued, after the war, the systematic regeneration of the German people as envisioned in his earlier writings would have to become a national priority: "After

¹⁹⁴ UAG, Robert Sommer papers, Vol. 28. Notably, a part from the same poem could again be used as a concluding quote in Wilhelm Weygandt's obituary for Sommer in 1937, see Weygandt, "Das Leben und Wirken von Robert Sommer."

¹⁹⁵ Robert Sommer, "Die körperliche Erziehung der deutschen Studentenschaft," *Zeitschrift für Schulgesundheitspflege* 29, no. 9 (1916): 395.

¹⁹⁶ Prüll, "The Exhausted Nation," 38-43.

¹⁹⁷ Robert Sommer, "Krieg und Seelenleben," *Wiener Medizinische Wochenschrift* 65, no. 39 (1915); Robert Sommer, "Krieg und Seelenleben," *Wiener Medizinische Wochenschrift* 65, no. 40 (1915); Robert Sommer, *Krieg und Seelenleben* (Leipzig: Otto Nemnich, 1916).

this war, the German nation will still be surrounded by enemies and can only persist as a nation and as a polity through its own strength. Together with the enhancement of our state institutions, the efforts for *regeneration* will offer the best guarantee against the decay of our strength.”¹⁹⁸

While Sommer discussed the psychological and psychopathological impact of the war, he also tried to find practical solutions for the new challenges. Before the war, he had already attempted to solve socio-medical problems by architectural means. Instead of a public resting room for the calming of exhausted nerves, Sommer’s wartime project was the construction of athletic grounds for the students of his university.¹⁹⁹ By the summer of 1915, prisoners of war had prepared an area of 3,000 square meters (one tenth of the projected size of the whole facility) to be used for various exercises for students of both genders. To Sommer, this was an integral part of the German war effort, helping to prepare the student body for the war and the strenuous times that lay ahead:

Due to the war, this physical education, which at the same time also means strengthening the will and the character, has ceased to be mere play and competition, and has become an urgent national duty. The physical education of the German student body is one of the most important aspects of the regenerative efforts, on which after the end of the war the whole future of our nation will rely.²⁰⁰

While Sommer’s plans for the training grounds directly answered to the perceived needs of a nation at war, they were also a continuation of his earlier research interests. From the turn of the century, Sommer had been concerned both with methods for the exact measuring of psychophysical processes and the advancement of public health. Apart from giving the students of Gießen a place to exercise, the newly established training grounds were to serve a more comprehensive agenda. As Sommer explained in some detail, they could also be used as a facility for measuring and calculating the effectiveness of different forms of sport and physical education. Until now, he claimed, this kind of research had been entirely focused on achieving individual maximum performances at competitive sporting events, but had ignored how the relative health and fitness of the general population might be effectively improved. By

¹⁹⁸ Sommer, "Krieg und Seelenleben," 1448.

¹⁹⁹ Sommer, "Die körperliche Erziehung der deutschen Studentenschaft."

²⁰⁰ Ibid., 409.

measuring and calculating individual performance gains, the most effective training for each person could be found, while at the same time contributing to a psycho-physical science of the whole human personality.²⁰¹ About a decade later, Sommer would return to this idea as part of mental hygiene.²⁰²

The training grounds were not the only way in which Sommer tried to bring his prewar interests into the service of the nation. His water-walking shoes, previously used for recreational activities, were now reimagined as military equipment for an amphibious invasion of Britain. He also urged Ferdinand von Zeppelin (1838-1917), whose airships were already performing bombing raids for the German military, to construct airplanes that could hover in the air.²⁰³ While these ideas remained pipe dreams, others were closer to the actual needs of the military, and military medicine in particular. At the height of the psychiatric debate about “war hysteria” in 1917, Sommer reused an invention from his earlier psychological research to introduce a method for the treatment of hysterical deafness and muteness that used a method derived from experimental psychology. The patient’s forearm would be placed in an apparatus recording the movement of his fingers on a graph. When a bell was suddenly and loudly rung behind the patient’s head, the machine would register the involuntary movement of his hand, thereby providing graphical evidence that he had in fact heard the noise. Like with many similar “miracle cures” introduced by German psychiatrists during the war, the aim was to remove hysterical symptoms at once by exposing them as psychological in origin. In one case that Sommer presented, a deaf-mute patient immediately reacted by joyfully uttering “I can hear again.” After some speech exercises, he was also able to softly sing along the patriotic song and future national anthem, “Deutschland über alles,” symbolically completing the cure.²⁰⁴

Although in Gießen, unlike in Munich or in Berlin, the revolution arrived bloodlessly and peacefully, Robert Sommer was deeply unsettled by the events of November 1918.²⁰⁵ As has already been discussed in detail in Chapter I, he quickly published a “medical alarm” (*Ärztlicher*

²⁰¹ Ibid., 389-409.

²⁰² Sommer, “Die psychische Hygiene und die Leibesübungen.”

²⁰³ Prüll, “The Exhausted Nation,” 37.

²⁰⁴ Robert Sommer, “Beseitigung funktioneller Taubheit, besonders bei Soldaten, durch eine experimental-psychologische Methode,” *Archiv für Psychiatrie und Nervenkrankheiten* 57(1917); Lerner, *Hysterical Men*, 116-17.

²⁰⁵ Laura Huth, “Die Novemberrevolution 1918 in Gießen,” *UNIversum: Das Magazin der Gießener Fachjournalisten*, <http://www.uni-giessen.de/cms/kultur/universum/geschichte/geschichte-giessens/novemberrevolution>. (Accessed 8 March 2014).

Notruf) in late 1918, in which he gave voice to his worries.²⁰⁶ As he argued, the German people had suffered a “profound shock of its nervous system.” The economic hardships imposed by the victors were leading to a “mass neurosis” manifesting itself as “nervous depression” and “political madness.” The prognosis was poor: If the economic conditions would not change in the next two months, the disease would show its most terrible symptoms – an epidemic of suicide, violent political upheaval, and finally, “general destruction.”

Sommer’s alarmist diagnosis of the mental state of the nation evidently showed his bewilderment as he was faced with civil unrest and the breakdown of the old political order in the immediate aftermath of the war. However, more clearly than in the somewhat agitated 1918 pamphlet, his ideas about the socio-political role of the scientist can be found in a non-scientific text: Sommer’s 1921 comedy “The Gold-Makers” (*Die Goldmacher*).²⁰⁷ As this play revolves around some of the major themes of this study and of Sommer’s political thought, it will be worthwhile to briefly dwell on it.

Sommer had already dabbled as a playwright before, and with some local success. His play “The Chemical Witches’ Kitchen” (*Die chemische Hexenküche*) was performed on the stage of the Gießen city theatre on occasion of the opening of the Liebig Museum in 1920.²⁰⁸ His next play, “The Gold-Makers,” was devoted to the social and political situation during and after the revolution. In five tableaux of clumsy rimes and clichés, Sommer introduced a variety of stereotypical figures – the worker, the patriot, the critic, the veteran, and plenty of crooks and profiteers – to illustrate his interpretation of recent events. While he had a pinch of scorn for the naïve nationalism of “the patriot,” he had even less sympathy for the revolutionaries, who he portrayed as criminals, led by no one else but the devil himself in guise of a socialist agitator. Contemporary psychiatric debates appear throughout the text – the profiteer avoided being drafted by faking mental illness, and the physician, “Dr. Medicus,” is convinced that the revolution might yield psychoses.²⁰⁹

²⁰⁶ Sommer, *Aerztlicher Notruf zum Ende des Jahres 1918*.

²⁰⁷ Robert Sommer, *Die Goldmacher: Eine Komödie* (Gießen: von Münchow'sche Univ.-Druckerei, 1921).

²⁰⁸ Ulrike Enke, “Ein Liebig-Museum in Gießen: Der Psychiater Robert Sommer, die chemische Hexenküche und das Gießener Liebig-Museum,” *Mitteilungen des oberhessischen Geschichtsvereins*, no. 89 (2004).

²⁰⁹ Sommer, *Die Goldmacher*, 11.

Unlike what might be expected, the physician did not represent Sommer's voice in the play. He is, by and large, portrayed as weak and unable to exert any positive influence on the current situation. Instead, Sommer's hero was not the impotent physician, but the eponymous "gold-maker," a modern-day alchemist, who uses his scientific knowledge to save society. As the gold-maker, and Sommer through him, argues, it is the greed for material possessions, and for gold in particular, that is the reason for the social and political misery. By chemically creating gold in unlimited quantities, the gold-maker undermines the concept of currency and thus paves the way for a future society based on the principles of work and community.

Finally, Sommer's scientist-savior banishes the devil and with him "the stock exchange speculators, profiteers, parasites, and gossipers."²¹⁰ In the final scene of the play, the productive members of society – "men and women of the working class and the strenuous bourgeoisie" – form a circle around their new leader and solemnly pledge to reconstruct the fatherland. Written little more than two years after the end of the war, this scene encapsulated the idea of a national community that had become the center of Sommer's political views in the previous years. In his extensive biography, Meyer zum Wischen has resolutely stated that Sommer held no anti-Semitic views. It may be true that his work contains no outspoken anti-Jewish tirades, Sommer nonetheless unmistakably reproduced the key elements of a pervasive contemporary anti-Semitic form of anti-capitalism, which revolved around the romanticized vision of an organic national community and productive work. While the envisioned national community would overcome class distinctions, it also relied on a strict separation between productive and non-productive, and hence valuable and invaluable members of society. The emphatic juxtaposition of productive German labor on the one side, and foreign gold and economical abstractions on the other, became the key motive of Sommer's political and economic thought in the aftermath of the First World War.

Consequently, the idea that the social crisis might be overcome by changing the foundation from which the value of money was derived was not just Sommer's punch-line for a comedic play. It was a vision that he continued to seriously entertain and propagate into the 1930s. In three newspaper articles, published in the local *Oberhessische Volkszeitung* at the peak of the 1923 hyper-inflation and re-published as a booklet in 1931 against the backdrop of the world

²¹⁰ Ibid., 20.

economic crisis, he proposed the introduction of a new “work currency” (*Werk-Währung*).²¹¹ Like the protagonist of his 1921 play, Sommer was convinced that the pressing social and economic problems stemmed from the fact that the current currency was nominally based on gold – a resource that Germany did not possess in sufficient amounts to provide a solid base for its currency.

If the foundation of Germany’s wealth was work, not gold, then work was the appropriate basis for its currency. Unlike in the play, this transformation of currency would not have to be effectuated by alchemy or chemistry, but by psycho-physical research. Recent developments in experimental psychology and *Psychotechnik* had created the methods to objectively measure and quantify human activity, Sommer claimed, and thus the possibility to accurately and scientifically define the basic unit of the “work currency:” One “work” (*Werk*) would be defined as the average productivity of a skilled builder in one hour, and equivalent measures for other kinds of physical and intellectual labor could be calculated accordingly.²¹² The completion of a certain amount of work would be certified on bills replacing existing paper money and bullion. Somewhat ironically, what the dabbling political economist Robert Sommer had apparently not done, was to read the classics. What Sommer proposed as a solution for the problems of a capitalist economy, Karl Marx had described as its reality; a system in which the value of every commodity was derived from a quantifiable amount of abstract “social labor” invested in its creation, and which could be expressed and represented by a reference commodity which arbitrarily happened to be gold.²¹³

Sommer’s side trip into the field of political economy was not just a result of his intellectual eclecticism, but, as he saw it, a direct consequence of him being a psychiatrist and physician. Not only that the methods of experimental psychology would have to play a key role in the creation of the new currency, Sommer found his ideas to be based on a thorough examination of state and economic life as a “psycho-physiological organism.” And while he admitted that the human body had often provided metaphors for the description of the state, Sommer insisted that in his observations, the analogy was more than just metaphorical: “The extraordinary

²¹¹ Robert Sommer, *Die Werk-Währung* (Gießen: Druck der Oberhessischen Volkszeitung, 1931); Meyer zum Wischen, *Robert Sommer*, 37-38.

²¹² Sommer, *Die Werk-Währung*, 12.

²¹³ Karl Marx, *Das Kapital: Kritik der politischen Ökonomie*, vol. 1, MEW 23 (Berlin: Dietz, 1962).

disruption in the exchange of goods and services with its mental after-effects is, in the medical sense, a disorder of the metabolism with mental depression and inhibition.”²¹⁴ Hence, there was no real distinction between medical therapy and political reform.

It was in this troubled post-war situation that Robert Sommer, then in his late fifties, encountered Clifford W. Beers in 1923. Beers had come to Europe to spread the gospel of mental hygiene and to rally supporters abroad for the founding of an International Committee for Mental Hygiene (ICMH). In Sommer, he found one of his most assiduous followers. Sommer’s own efforts to establish and institutionalize different forms of psychiatric prophylaxis in the previous two decades had yielded few concrete results, and although he had at times been able to gather like-minded physicians and laypeople around his various projects, for most of the time, it had been a solitary pursuit. The emergence of an international movement for mental hygiene promised to change this. It offered Sommer a chance to bring his earlier ideas into a well-organized movement, whose name he had even introduced himself as early as 1902.

Apart from giving his ideas a considerably greater clout inside and outside the psychiatric discipline than they had before, joining the mental hygiene movement answered to Sommer’s needs in various ways. In his reflections about the psychology of the “true inventor,” quoted earlier in this section, he had lamented the scorn, rejection, and isolation that an inventive mind had to endure and had claimed that only “if his invention leads to exterior success, this tension between the inventor and his environment becomes balanced.”²¹⁵ As the “spiritual father” of mental hygiene in Germany, Sommer found the recognition that he had wished for.²¹⁶ The charisma of Clifford Beers may well have been another reason. In his 1921 play about a gold-making scientist, Sommer had dreamt of a charismatic leader who would solve the social and political crisis. While this was a dream shared by many contemporaries in post-war Germany, Sommer seems to have had little interest in political leaders. But as his adulatory review of *A Mind That Found Itself* shows, Beers very much was the ingenious leader that he had waited for, and the optimism and utopian rhetoric of the mental hygiene were not lost on Sommer.²¹⁷

²¹⁴ Sommer, *Die Werk-Währung*, 15.

²¹⁵ UAG, Robert Sommer papers, vol. 14, 32-33.

²¹⁶ Karl Birnbaum to Robert Sommer, 19 December 1927, UAG, Robert Sommer papers, Vol. 66, no. 997.

²¹⁷ Robert Sommer, “Clifford Wittingham Beers, A mind that found itself (Eine Seele, die sich fand),” *Zeitschrift für psychische Hygiene* 1, no. 1 (1928).

Moreover, as an international movement, mental hygiene also showed Sommer a way back on the international stage. Like many others, Sommer would never be able to fully shake off the wartime nationalism, but being part of the various European and international committees and preparing the First International Congress on Mental Hygiene offered him a way out of the political and intellectual isolation of German science after the First World War. The rise and fall of the German Association for Mental Hygiene, which Sommer founded in 1925, is the topic of the following two chapters.

Like no others, the three examples of Auguste Forel, Emil Kraepelin, and Robert Sommer allow tracing the emergence of prophylactic ideas in the German-speaking countries in the years before the First World War, and situating them in a wider historical context. As this chapter has shown, the notion that mental illness could and should be prevented was closely connected to changes in scientific knowledge as well as in political thought. The advances in foundational research in psychiatry and the emergence of new theories about the causation of mental disorders in the decade before the turn of the century were one important influence. While these insights could not be translated into effective therapeutics, they seemed to offer the possibility that the problem of mental disorder could nonetheless be solved and the notoriously overcrowded asylums relived by means of large-scale and state-led prophylaxis. With the rise of the hereditary paradigm in psychiatry, little difference was made between mental illness and the mentally ill, and the most effective way for the prevention of mental illness was often seen in preventing future mental patients from being born. Although other approaches played a role as well, in the course of the following decades, psychiatric prophylaxis in the German-speaking countries remained on its eugenic trajectory. In 1933, mental hygiene in Germany became virtually indistinguishable from racial hygiene, but the intellectual preconditions for this momentous shift had already been prepared in the first decade of the century. Political, cultural, and economic crises gave additional momentum to eugenic thinking, in the aftermath of the First World War and during the global economy crisis of the late 1920s in particular.

Eugenics were not the only way in which psychiatric prophylaxis was an inherently political affair. As the examples of Forel, Kraepelin, and Sommer illustrate with exceptional clarity, their respective notion of psychiatric prophylaxis were embedded in encompassing reflections on modern society and its discontents, and part of much broader utopian ideas. Moreover, these examples also show that the traditional concepts of political history often fall short when it

comes to the conjunction of political and scientific thought. The three protagonists of this chapter stood at very different sides of the political spectrum: Forel called himself a socialist and dreamt of a pacifist world society, Kraepelin was a fervent German nationalist and authoritarian, and Sommer, politically more volatile than the others, may best be characterized as a conservative liberal. Their psycho-political ideas about the role of psychiatry in the engineering of society, for all their political differences, were surprisingly similar. All three firmly believed that society had to follow the laws of nature, and not the laws of men, and all three were convinced that they, as objective scientists and psychiatrists, had recognized and understood these laws. This mindset could attach and combine itself with other political creeds; as a pre-political stance, it was a key element of mental hygienists' self-understanding and strategy as public health experts in the interwar period.

CHAPTER V – THE GOLDEN AGE OF MENTAL HYGIENE

INTRODUCTION

At the beginning of the twentieth century, few people, if any, would have had any idea what “mental hygiene” meant. More than a century later, the situation is again not very different. In the decades before the Second World War, mental hygiene was on the way to becoming a regular psychiatric discipline. All over the world, associations for mental hygiene were founded, papers, books, and journals were published, and large-scale national and international conferences gathered hundreds and even thousands of reform-minded psychiatrists. Convinced advocates of an idea whose time had come, the protagonists of the mental hygiene movement self-confidently mapped out strategies for how psychiatry could finally escape the constraints of the asylum walls. Instead of trying to cure or, in most cases, detain the mentally ill, mental hygiene promised to develop scientific methods for the preservation of mental health, proactively preventing mental illness before it could even become an individual problem or a social menace.¹

As the previous chapter has shown, ideas of psychiatric prophylaxis had a long tradition in German-speaking Europe. The notion that mental illness could be prevented before its outbreak had started with holistic body-mind philosophies and dietetics in the first half of the nineteenth century. At the beginning of the twentieth century, the increasing importance of clinical methods in psychiatry, new theories about the social and hereditary causation of mental illness, the influence of the degeneration paradigm and changes in psychiatrists’ professional self-understanding led to a shift from individual prevention to large-scale socio-medical prophylaxis. The First World War and its aftermath fueled this kind of thinking among German-speaking psychiatrists, and the subsequent expansion of the welfare state seemed to offer the possibility for its implementation. Around the same time, other trends in psychiatry also began to gather pace. Against the backdrop of the dismal conditions in psychiatric institutions during and after the war, their resident physicians recommenced pressing for the comprehensive

¹ See, for example, Erwin Stransky’s definition of mental hygiene, Stransky, “Wesen und Programmatik der psychischen Hygiene,” 1.

reform of the asylum, introducing new forms of intra- and extra-mural treatment. Psychotherapy also gained in importance due to a rapid process of institutionalization that had partly been triggered by the psychiatric experiences in the suggestive treatment of the “war neurotics.”

In the mid-1920s, these disparate approaches to the prevention of mental illness and related psychiatric reform efforts were united in a common organizational framework, and under the umbrella term of “mental hygiene” (*psychische Hygiene*). During this time, mental hygiene quickly gained momentum. In 1925, the German Association for Mental Hygiene (*Deutscher Verband für psychische Hygiene*) was founded. The first German conference for mental hygiene was held in Hamburg in September 1928,² the first volume of the association’s journal *Zeitschrift für psychische Hygiene* was published in 1928, and a comprehensive 400-page compendium on the subject followed in 1931.³ Parallel developments took place in the other German-speaking countries, too. In 1927, mental hygiene was first institutionalized in Austria as a subcommittee of the Austrian Society for Public Health (*Österreichische Gesellschaft für Volksgesundheit*); in the same year the Swiss National Committee for Mental Hygiene was established.⁴ Mental hygiene was a psychiatric reform movement unparalleled in size, scope, and internationality; its history is linked both to the crimes of Nazi psychiatry and to the emergence of “mental health” as one of the most influential psychiatric paradigms in the post-war period of the Second World War. Surprisingly, the history of these associations in German-speaking Europe has, up to now, not been examined systematically.⁵ This chapter intends to fill this gap.

Before turning to the mental hygiene associations in the German-speaking countries during the interwar period, this chapter takes a necessary transatlantic detour. It goes back in time to the first decade of the twentieth century, to the United States, where mental hygiene as an organized

² Hans Roemer, ed. *Bericht über die Erste Deutsche Tagung für Psychische Hygiene in Hamburg am 20. September 1928* (Berlin and Leipzig: Walter de Gruyter, 1929).

³ Oswald Bumke et al., eds., *Handwörterbuch der psychischen Hygiene und der psychiatrischen Fürsorge* (Berlin and Leipzig: Walter de Gruyter, 1931). In the same year, another book-length compendium was published in Austria, see Erwin Stransky, ed. *Leitfaden der psychischen Hygiene* (Vienna: Urban & Schwarzenberg, 1931).

⁴ On mental hygiene in Austria, see Helmut Gröger, “Die Entwicklung der psychischen Hygiene von der Bewegung zur psychiatrischen Disziplin - der österreichische Weg,” *Schriftenreihe der Deutschen Gesellschaft für Geschichte der Nervenheilkunde* 18(2012). On the Swiss National Committee, see Ritter, *Psychiatrie und Eugenik*, 161-63.

⁵ The odd exception is Petra Graneist, “Gründung und Wirksamkeit des Verbandes für psychische Hygiene unter besonderer Berücksichtigung der rassenhygienisch-eugenischen Bewegung” (MD Thesis, Leipzig, 1990). However, Graneist’s dissertation fails to develop an international perspective and is based exclusively on the *Zeitschrift für psychische Hygiene*.

movement originated in 1908. It discusses the role of the “founding father” of mental hygiene, Clifford W. Beers, the rise of the National Committee for Mental Hygiene (NCMH) in the United States, and the movement’s shift from eugenics to adaption and beyond. A last part of this section highlights American mental hygienists’ attempts to propagate mental hygiene on an international scale and the role of these efforts in the emergence of other national mental hygiene associations all over the world.

The second part of this chapter returns to Europe. It focuses mainly on the history of the German Association for Mental Hygiene, for three reasons. First, key aspects and protagonists of mental hygiene in Austria and, to some extent Switzerland, have already been discussed in previous chapters in the context of Erwin Stransky’s program of “applied psychiatry,” which shared a considerable part of its ideology and actors with the emerging movement for mental hygiene. Second, the German association was by far the most active in Central Europe; it organized several large-scale conferences and left a large number of published and unpublished sources. Third, the history of the German association was inextricably linked to the social and political history of the interwar period. Mental hygiene in Germany was characterized by the close, even dialectic, relation between the reform ideas of Weimar psychiatry, the rise of eugenics, and the triumph of the racial hygiene paradigm in Nazi psychiatry. Like few other examples, its history encapsulates the tragedy of the interwar period, in which high-flying, utopian ideas of international understanding and humanitarian progress were closely connected to unparalleled atrocities.

MENTAL HYGIENE IN THE UNITED STATES

In the United States, mental hygiene was one of the most successful developments in psychiatry in the first half of the twentieth century. Almost immediately after the publication of Clifford Beers’s (1876-1943) best-selling autobiography *A Mind that Found Itself* in 1908, which recounted his experiences as a psychiatric patient and pilloried the dismal conditions in US madhouses, his reform agenda was picked up by lay people and reform-oriented psychiatrists. In May 1908 a first local organization, the Connecticut Society for Mental Hygiene, was founded. Less than a year later, in February 1909, the establishment of a National Committee for Mental Hygiene (NCMH) in New York took the program to a national level. Until it merged in the National Institutes for Mental Health in 1950, the NCMH was an integral part of

psychiatry in the United States, persistently propagating institutional reform, psychotherapy, and the prophylaxis of mental illness, and playing an important role in the expansion of psychiatry's activities beyond the asylum walls.⁶

A MIND THAT FOUND ITSELF

When presenting the history of their cause, protagonists of the mental hygiene movement in Europe usually argued that mental hygiene, in the sense of a broadly defined prophylaxis of mental illness, stemmed from local traditions in their respective countries. Nonetheless, they generally acknowledged that, as an organized, international movement, mental hygiene came from the United States. More specifically, the historiography of the movement tells us, it was founded in 1908 by Clifford W. Beers (1876-1942), when the former mental patient published his best-selling book.⁷ To consider the publication of Beers's *A Mind That Found Itself* in March 1908 as the beginning of the movement for mental hygiene seems both convenient and plausible. The establishment of the first mental hygiene organization, the Connecticut Society for Mental Hygiene followed in same year.⁸ Although a German translation was published only in 1941 and released only in Switzerland, the propagandists of mental hygiene in the German-speaking countries would not tire to praise the book as the founding document of their movement and Beers as its founder and spiritual leader.⁹

A Mind That Found Itself offered a most compelling narrative for the movement's propaganda. Beers's autobiographic book tells the story of how he fell into a grave mental illness in 1900, and, after an attempted suicide, was confined to a psychiatric asylum and, thereafter, to other mental institutions. He denounced the dismal conditions in these facilities, but also gave account of his recovery and his pledge to devote his regained sanity to create a movement for the improvement of the conditions of the insane. Beers's story held some very powerful motifs.

⁶ For the most comprehensive overview of the history of mental hygiene in the United States, see Pols, "Managing the Mind." See also, by the same author, Hans Pols, "Beyond the Clinical Frontiers: The American Mental Hygiene Movement, 1910-1945," in *International Relations in Psychiatry: Britain, Germany, and the United States to World War II*, ed. Volker Roelcke, Paul Weindling, and Louise Westwood (Rochester: University of Rochester Press, 2010).

⁷ Clifford W. Beers, *A Mind That Found Itself: An Autobiography* (New York, et al.: Longmans, Green, and Co., 1908); Kauders, "Geschichte der psychischen Hygiene," 12. On Beers, see Dain, *Clifford W. Beers*.

⁸ Sommer, "A mind that found itself," 8.

⁹ Ibid.; Clifford W. Beers, *Eine Seele die sich wiederfand: Autobiographie des Begründers der "Geistigen Hygiene"* trans. Otto Reuter (Basel: Benno Schwabe & Co., 1941).

Representatives of the mental hygiene movement later argued that Beers had not simply recovered his sanity, but had “transformed the destructive powers of psychosis into practical philanthropic energy.”¹⁰ There was something messianic in the story of his fall into mental illness and his willful resurrection as the leader of a new reform movement. Clearly influenced by Jungian ideas, Heinrich Meng and André Repond – two leaders of the Swiss branch of the movement – later celebrated Beers’s experiences as a tale of catharsis, rebirth, and the triumph over egoism and isolation: “The life of Beers seems to us a symbol: He shaped, from chaos, illness, and madness, childhood and second childhood, a strong ego that became fruitful for the community.”¹¹

In the United States, *A Mind That Found Itself* immediately became a major success and was reprinted in several editions. It won Clifford Beers a large national audience and made him the face of the emerging mental hygiene movement. For the following decades, Beers – driven by a profound sense of mission and gifted with considerable energy and a remarkable ability to create networks, mobilize allies, and raise funds – was the main propagandist of mental hygiene in the United States and abroad. The story of Beers’s invention of mental hygiene as told by the protagonists of the movement in the United States and abroad was not the whole truth. In reality, *A Mind That Found Itself* was less the founding document of mental hygiene than a part of a more comprehensive strategy – “a propaganda piece for a movement that had already been organized behind the scenes when the book appeared.”¹²

As a Yale graduate, Clifford Beers had access to an extensive network of influential academics, and had already successfully enlisted some of the leading American physicians and psychiatrists for his movement before publishing his autobiography. Among them were Adolf Meyer (1866-1950), probably the most prominent American psychiatrist of the time, the psychiatrist and leading eugenicist Stewart Paton (1865-1942), William H. Welch (1850-1934), founder of the Johns Hopkins Hospital and protagonist of public health in the United States, and the eminent psychologist William James (1842-1910). From the beginning, Beers’s prominent allies took

¹⁰ Meng and Repond, "Vorwort," 5. A similar narrative can also be found in William A. White's history of the mental hygiene movement, see William A. White, "The Origin, Growth, and Significance of the Mental-Hygiene Movement," in *Proceedings of the First International Congress on Mental Hygiene, held at Washington D.C., U.S.A. May 5th to 10th, 1930*, ed. Frankwood E. Williams (New York: The International Committee for Mental Hygiene, 1932), 524-25.

¹¹ Meng and Repond, "Vorwort," 12.

¹² Pols, "Managing the Mind," 31.

considerable influence on the development of the movement for mental hygiene. Before publishing *A Mind That Found Itself*, he had invited them to edit his manuscript and gladly accepted most of the changes they had proposed. Notably, even the influential term “mental hygiene” was not initially used by Beers, but proposed by Adolf Meyer instead.¹³

Beers’s cooperation with leading psychiatrists created a win-win situation for both sides. Beers required the psychiatrists’ support for his movement and their authentication of his autobiographical account. The psychiatrists, for their part, could use Beers’s ideas to advance their own reform agenda for the notoriously underfunded and overcrowded asylums, to elevate the public status of their discipline by presenting themselves as progressive and reform-minded, and to draw wealthy philanthropists’ attention. In particular, Adolf Meyer used the nascent movement for mental hygiene to promote his own agenda of “psychobiology” and to spread the institutional reforms that he had already implemented locally to a national scale.¹⁴ At the same time, however, psychiatrists could also mitigate against the dangers that Beers’s denunciation of the mistreatment of the mentally ill held for their discipline by taking control of the movement – before it could be picked up by laypeople and turned against their own professional authority.¹⁵ Some of the proposed changes to the manuscript were specifically intended to defuse Beers’s criticism of psychiatry, transforming “the psychiatrists from those being accused and proven guilty of maintaining institutions of poor quality to the central actors in a movement in which the promotion of their profession coincided with the improvement of conditions in mental hospitals.”¹⁶ Nonetheless, the relation between the psychiatrists and Beers as the “persona of mental hygiene” remained fraught with tension and ambiguity. Beers’s history of mental illness interfered with US mental hygienists’ masculine and autonomous ideal of

¹³ It is unclear if Meyer came up with the term himself, or whether he referred to older, English-language uses, or to his Swiss teacher Auguste Forel’s *Hygiene der Nerven und des Geistes*, which had been translated into English in the previous year, see William Sweetser, *Mental Hygiene; or, an Examination of the Intellect and Passions, designed to show how they affect and are affected by the bodily Functions and their Influence on Health and Longevity*, 2nd ed. (New York: George P. Putnam, 1850); Isaac Ray, *Mental Hygiene* (Boston: Ticknor and Fields, 1863); Forel, *Hygiene of Nerves and Mind in Health and Disease*.

¹⁴ This account of the relationship between Clifford Beers and his allies follows Hans Pols’s dissertation, see Pols, “Managing the Mind,” 31-33, 40-42. On Adolf Meyer and “psychobiology,” see Lamb, “Pathologist of the Mind.” See also Andrew Scull, *Madhouse: A Tragic Tale of Megalomania and Modern Medicine* (New Haven and London: Yale University Press, 2005), 59-60.

¹⁵ Despite all the praise for Beers, the dangers of his criticism of psychiatry were well understood by at least some contemporaries, see, for example, Hermann Simon to Hans Roemer, 21 May 1931, Hermann Simon papers, 926/141.

¹⁶ Pols, “Managing the Mind,” 46-47.

personality, and at the same time, the story of his miracle cure cast a poor light on psychiatry's real inability to heal its patients.¹⁷

1909-1918: A MOVEMENT EMERGES

After the publication of Clifford Beers's autopathography and the founding of the Connecticut Society for Mental Hygiene, the movement slowly but surely picked up pace. In February the following year, Beers and his psychiatric collaborators created the National Committee for Mental Hygiene (NCMH), taking the idea of mental hygiene to the national level. It would take another three years until the Committee actually came to life. Only then, a donation by philanthropist Henry Phipps (1839-1930) provided the financial means necessary to commence operations. Thomas W. Salmon (1876-1927), a physician employed by the United States Public Health Service and the chief consultant in psychiatry in the American Expeditionary Force during the war, became the first medical director of the Committee; a plan of work was laid out in the same year.¹⁸

What soon became apparent was that the psychiatrists' and physicians' plans for the mental hygiene movement strongly diverged from Beers's initial impetus. The original idea of improving the situation of the mentally ill remained an integral part of the movement's agenda, but the focus of its activities shifted to the extension of psychiatry into the community. This considerably more ambitious aim was to be achieved by a broad array of different approaches: "The extension of after-care and outpatient clinics, the development of social work, developing closer contact with general practitioners, by public health education, and by training the next generation of physicians in the nature of mental illness."¹⁹ One important reason for mental hygiene's shift towards the general population was certainly that, as no cure for mental illness was in sight, prevention seemed like a more promising endeavor. By targeting populations outside the asylum, psychiatry could obtain access to the less severe, and thus more treatable cases, and hope to prevent mental illness before an individual even had to be confined to a

¹⁷ Ibid., 62-63.

¹⁸ Ibid., 132-33. On Thomas W. Salmon, see Manon Parry, "Thomas W. Salmon: Advocate of Mental Hygiene," *American Journal of Public Health* 96, no. 10 (2006); William L. Russel, "A Brief Account of the Life and Work of Dr. Salmon," in *Proceedings of the First International Congress on Mental Hygiene, held at Washington D.C., U.S.A. May 5th to 10th, 1930*, ed. Frankwood E. Williams (New York: The International Committee for Mental Hygiene, 1932). On the founding of mental hygiene in the US, see also Sommer, "A mind that found itself," 8-9.

¹⁹ Pols, "Managing the Mind," 133.

mental hospital.²⁰ Consequently, Salmon and others saw the mental hygiene movement in the role of an intermediary between psychiatrists and the public, exchanging information on mental health care and local conditions in the community between both groups.²¹

In the following decade, large-scale surveys became the method of choice to achieve this goal. From 1914 onwards, the NCMH conducted a series of surveys, trying to measure the prevalence of mental disorders in populations outside mental hospitals, both among the inmates of institutions such as poor-houses, prisons, jails, reformatories, and public schools, and the non-institutionalized general population.²² Many of these surveys, which were funded by the Rockefeller foundation, targeted the problem of “feeble-mindedness” – not only because it was relatively easy to diagnose with only a brief examination, but also because the feeble-minded were perceived as a considerable menace to society. The researchers behind the NCMH’s surveys believed that feeble-minded individuals were responsible for the bulk of crimes committed and were overrepresented in many undesirable groups, like paupers, beggars, prostitutes, petty criminals, and alcoholics. As Victor V. Anderson, one of the psychiatrists conducting the surveys, wrote: “They furnish a substantial nucleus for the most expensive body of individuals who clog the machinery of justice, who spend their lives in and out of penal institutions.”²³

Based on the findings of their surveys, US mental hygienists advocated a number of preventive measures. As the prevalent perspective in US psychiatry prior to the First World War was that mental disorders stemmed from organic, and mostly hereditary, causes, it is not surprising that many psychiatrists supported eugenic interventions like segregation and sterilization to address the problem of feeble-mindedness, and of mental illness in general.²⁴ The NCMH was far from being the only organization in the United States to propagate eugenics. Quite the contrary, US mental hygienists could share their ideas and cooperate closely with a well-organized and active eugenics movement. The establishment of the Eugenic Record Office under the direction of

²⁰ Ibid., 188.

²¹ Ibid., 134.

²² Frankwood E. Williams, “Finding a Way in Mental Hygiene,” in *Some Social Aspects of Mental Hygiene*, ed. Frankwood E. Williams, *The Annals of the American Academy of Political and Social Science* 149, no. 3 (Philadelphia: American Academy of Political and Social Science, 1930), 3.

²³ Victor V. Anderson, “Feeble-mindedness as seen in court,” *Mental Hygiene* 1, no. 2 (1917): 260. Quoted after Pols, “Managing the Mind,” 163-64. See also Pols, “Beyond the Clinical Frontiers,” 116.

²⁴ Less common, but still surprisingly widespread was the equally somatic theory of “focal sepsis” as advocated by Henry A. Cotton (1876-1933), linking mental disorder to untreated infections in the body, see Scull, *Madhouse*.

Charles B. Davenport (1866-1944) in 1910 was another sign of its increasing scientific and political respectability. In the following decades, eugenics continued to be on the rise in the United States; by 1930 twenty-four states had passed eugenic sterilization laws.²⁵ Of the thousands of sterilizations that were carried out until then, the overwhelming majority was related to psychiatric indications of “insanity” and “feeble-mindedness.”²⁶

FROM EUGENICS TO ADAPTION AND BEYOND

Eugenic ideas clearly dominated the debates of the US movement for mental hygiene before the First World War. However, other possibilities for prevention and treatment were also explored. After the war, the focus of mental hygienists’ preventive strategy decisively shifted from nature to nurture as protagonists of the movement began to emphasize the importance of environmental factors.²⁷ In a 1919 book on *The Mental Hygiene of Childhood*, William A. White (1870-1937), superintendent of the federally-run St. Elizabeths Hospital at Washington, D.C. and a member of the board of directors of the NCMH, expressed his profound disappointment with the limitations of the hereditary approach:

We are coming, in these days, however, to think of heredity as being much more restricted in its possibilities for limitation. It is true that many students of heredity believe that all sorts of mental qualities may be traced directly from the ancestors. Those physicians, however, who deal with the problems of mental illness see, on the contrary, these peculiarities passed on because, as a part of the child’s environment, they are impressed upon it during its developmental period. This view has been emphasized because it has been found possible to largely modify so many personal mental traits.

Heredity as an explanation is therefore looked upon somewhat askance because it serves

²⁵ Frederick W. Brown, "Eugenic Sterilization in the United States: Its Present Status," in *Some Social Aspects of Mental Hygiene*, ed. Frankwood E. Williams, *The Annals of the American Academy of Political and Social Science* (Philadelphia: American Academy of Political and Social Science, 1930). On eugenics in the United States, see Ian Robert Downbiggin, *Keeping America Sane: Psychiatry and Eugenics in the United States and Canada, 1880-1940*, 2nd ed. (Ithaca, NY: Cornell University Press, 2003); Wendy Kline, "Eugenics in the United States," in *The Oxford Handbook of the History of Eugenics*, ed. Alison Bashford and Philippa Levine (Oxford et al.: Oxford University Press, 2010); Paul A. Lombardo, ed. *A Century of Eugenics in America: From the Indiana Experiment to the Human Genome Era* (Bloomington, IN: Indiana University Press, 2011). On international connections between US and Nazi eugenics, see Stefan Kühl, *The Nazi Connection: Eugenics, American Racism, and German National Socialism* (New York: Oxford University Press, 1994).

²⁶ For a detailed contemporary statistic, see Brown, "Eugenic Sterilization in the United States," 32.

²⁷ Pols, "Beyond the Clinical Frontiers," 119.

to block efforts at improvement. If a certain trait is hereditary, why! that's the end of it.²⁸

White's statement showed clearly where mental hygiene in the United States was headed, as environmentalist views increasingly superseded the eugenic approach. During the interwar period, mental hygienists' ideas on education and adjustment extended to those groups of patients that earlier had been regarded as irrefutable examples of the inheritability of mental defects. The issue of the "feeble-minded," a key topic of the eugenic discourse before the war, provides a telling example for the intersection of hereditarian and environmentalist views. While most mental hygienists continued to be convinced that feeble-mindedness was a matter of heredity, they also believed that feeble-minded individuals, due to their underdeveloped mental capacities, were more susceptible to environmental influences and to suggestion. Thus, the properties that made the feeble-minded a menace to society in the first place could also be used to transform them into productive, well-behaved citizens.²⁹ Instead of pleading for sterilization, mental hygienists in the interwar period more optimistically believed that, through effective psychiatric and social work, "the great majority can be trained for self-support and social adjustment."³⁰ In the course of the interwar period, psychiatrists in the United States became convinced that, even while some mental disorders were dispositional, social adjustment and functioning were what really mattered.³¹

From the beginning of the 1920s, the shift towards adjustment and environmental explanations of mental disorder led the mental hygiene movement to develop and implement a broad array of pedagogical and educational programs, targeting adults with mental disorders, but predominantly children and adolescents. These programs became a cornerstone of the success of mental hygiene in the United States and allowed the NCMH to shift the borders of psychiatry

²⁸ William A. White, *The Mental Hygiene of Childhood* (London: William Heinemann, 1919), 7-8. On William A. White, see Nathan G. Hale, *Freud and the Americans: The Beginnings of Psychoanalysis in the United States, 1876-1917* (New York: Oxford University Press, 1971), 379-86.

²⁹ Pols, "Managing the Mind," 164-65; Florence Powdermaker, "Social Adjustment of the Feeble-Minded," in *Some Social Aspects of Mental Hygiene*, ed. Frankwood E. Williams, *The Annals of the American Academy of Political and Social Science* (Philadelphia: American Academy of Political and Social Science, 1930).

³⁰ Powdermaker, "Social Adjustment of the Feeble-Minded," 69.

³¹ See, for example, Frankwood E. Williams, "Introduction," in *Neuropsychiatry in the United States, in the American Expeditionary Forces*, ed. Pearce Bailey, et al., *The Medical Department of the United States Army in the World War* (Washington, D.C.: U.S. Government Printing Office, 1929), 1-2.

far into the social sphere and to pursue its prophylactic agenda in a broad range of settings. The NCMH's focus now was clearly on early childhood – “the golden period for mental hygiene.”³²

Starting in 1922, a grant by the Commonwealth Fund provided the resources for a five-year program for the prevention of delinquency, in the course of which numerous child guidance clinics were created; in 1927, the Institute for Child Guidance was established in New York to bring together clinical work, research, and the training of personnel.³³ In order to foster the adjustment of late adolescents, mental hygiene services were also introduced at a number of major universities, including Yale, the University of California, Harvard, Brown, Northwestern, the universities of Chicago and Michigan, and even West Point.³⁴ In the following years, mental hygienists began to systematically train psychiatrists and social workers to staff these clinics, thus contributing strongly to the professionalization of child psychiatry and psychiatric social work.³⁵ At the same time, the establishment of child guidance clinics and similar institutions created new fields of application for psychiatric knowledge beyond the walls of the asylums. In the early 1930s, protagonists of the fledgling European mental hygiene organizations looked, not without some envy, to the United States, where “today there is no psychiatric clinic or asylum, no school or educational establishment, no welfare institution, where the idea of mental hygiene has not taken roots, and, partly, achieved considerable success.”³⁶

The focus on childhood development was an important reason why psychoanalytic perspectives were eagerly appropriated by US mental hygienists in the course of the 1920s. Certainly, this was not limited to the mental hygiene movement, but reflected a broader development. The 1909 Clark University Conference – a part of Sigmund Freud's first and only transatlantic voyage – had been an epochal event for the reception of psychoanalysis in the United States. It helped to bring psychoanalysis across the Atlantic and marked the beginning of an American occupation with Freud's ideas that would continue through much of the twentieth century and

³² William A. White, "Childhood: The Golden Period for Mental Hygiene," *Mental Hygiene* 4, no. 2 (1920).

³³ Christine Mary Shea, "The Ideology of Mental Health and the Emergence of the Therapeutic Liberal State: The American Mental Hygiene Movement, 1900-1930" (PhD thesis, University of Illinois at Urbana-Champaign, 1980), 312-29; Williams, "Finding a Way in Mental Hygiene," 11.

³⁴ Nathan G. Hale, *The Rise and Crisis of Psychoanalysis in the United States: Freud and the Americans, 1917-1985* (New York and Oxford: Oxford University Press, 1995), 87.

³⁵ Pols, "Beyond the Clinical Frontiers," 119.

³⁶ Kauders, "Geschichte der psychischen Hygiene," 13. See also Hans Roemer, "Zwanzig Jahre 'Mental-Hygiene' in Nordamerika," *Zeitschrift für psychische Hygiene* 3, no. 1 (1930).

captivated both medical and lay audiences.³⁷ Mental hygienists like William A. White, Frankwood E. Williams, and Thomas W. Salmon were not only among the first psychiatrists in the United States to take an interest in the new psychoanalytic theories. They also recognized how psychoanalysis could back environmentalist approaches in psychiatry and the chances it held for their own prophylactic agenda. After 1918 in particular, the mental hygiene movement became a “transmitter of diluted psychoanalytic ideas” in the United States, contributing to the vast influence of psychoanalytic ideas on approaches to child guidance, school education, and sexual behavior.³⁸

Psychoanalysis was certainly received more warmly in American psychiatry than it was in Europe. Nonetheless, mental hygienists did not appropriate Freud’s ideas as a whole, but selectively. What became popular in the United States as “psychoanalysis” was not necessarily identical with what Freud and his followers in Europe had conceived, but an eclectic and diluted interpretation. As Frankwood E. Williams noted in 1930, what had initially been adopted in America was not so much psychoanalysis as a “psychoanalytic point of view” introduced by psychiatrists like Adolf Meyer, who clearly did not qualify as genuine Freudians.³⁹ A more comprehensive reception of psychoanalysis in the United States only began in the mid-1920s, when dozens of young American psychiatrists travelled abroad in order to be analyzed and trained by leading European psychoanalysts, providing the latter with a profitable source of income. Among those Americans who went on a psychoanalytic pilgrimage to Europe was also the NCMH’s medical director Frankwood E. Williams, who underwent a training analysis with Otto Rank in Vienna in 1925.⁴⁰

Notably, the debate on psychoanalysis in the United States did not run along the same lines as it did on the other side of the Atlantic. Freud’s views on sexuality, for example, seem to have been less scandalous to mental hygienists in the United States than to their European colleagues in psychiatry. As early as 1919, leading US mental hygienist William A. White had already sided with the psychoanalysts in emphasizing the key role of infantile sexuality and argued that

³⁷ Hale, *Freud and the Americans I*, 3-23.

³⁸ *Ibid.*, 235; Hale, *Freud and the Americans II*, 74.

³⁹ Williams, "Finding a Way in Mental Hygiene," 8. On Williams, see Hans Pols, "Frankwood E. Williams (1883-1936)," *American Journal of Public Health* 97, no. 4 (2007).

⁴⁰ Pols, "Frankwood E. Williams."; Hale, *Freud and the Americans II*, 102-14.

Victorian evasiveness was inadequate when it came to dealing with problems in childhood development:

We cannot learn to deal with a situation by attempting to deal with it as if it was something which it is not. We would soon come to grief if we tried to deal with oil as if it were water, if we had a fire to put out. It is equally dangerous to be blind to the sexuality of the child as it is to be blind to the inflammability of oil when we have a fire to deal with.⁴¹

While this position went together well with mental hygienists' progressive self-understanding and the modernist idea of science overcoming outdated beliefs and Victorian prudishness, other aspects of Freud's theory were more difficult to integrate.⁴² In particular, Freud's pessimistic look on civilization directly clashed with mental hygiene's promise that the problem of mental disorder could be overcome on a national level and that its ideas might pave the way to a better society.⁴³ Even before systematically laying out his ideas in the 1930 essay *Das Unbehagen in der Kultur*, Freud had maintained that there was an inherent conflict between the individual's drives and the demands of society that could not simply be overcome.⁴⁴ US mental hygienists, by contrast, believed that conflicts between the individual and the society were mainly the results of poor adjustment. As a matter of fact, "adjustment" became the key concept of the movement, able to explain most of the problems that occupied mental hygienists: "What we actually had to deal with, whether it was in the field of functional nervous and mental disease, delinquency, dependency, or industrial unrest was social maladjustment, which had its roots in childhood."⁴⁵ Hence, interventions against faulty emotional developments in childhood became the mental hygiene movement's magic bullet for psychiatric prophylaxis.

⁴¹ White, *The Mental Hygiene of Childhood*, 180-81.

⁴² Hale, *Freud and the Americans II*, 80.

⁴³ See, for example, White, *The Mental Hygiene of Childhood*, 189-90; Thomas W. Salmon, "Mental Hygiene," in *Preventive Medicine and Hygiene*, ed. Milton J. Rosenau (New York: D. Appleton & Co., 1916), 361.

⁴⁴ Sigmund Freud, *Das Unbehagen in der Kultur* (Vienna: Internationaler Psychoanalytischer Verlag, 1930). For the reception of Freud's essay by US psychoanalysts and mental hygienists, see A. A. Brill, "Notes on Freud's 'Das Unbehagen in der Kultur'," in *Proceedings of the First International Congress on Mental Hygiene, held at Washington D.C., U.S.A. May 5th to 10th, 1930*, ed. Frankwood E. Williams (New York: The International Committee for Mental Hygiene, 1932).

⁴⁵ Williams, "Finding a Way in Mental Hygiene," 9.

Even though US mental hygienists in the 1920s routinely referred to Freud, their approach to mental illness and psychiatric prophylaxis was indeed an ideology of its own. Psychoanalysis was one, increasingly important, ingredient of the “mental hygiene point of view,” which did, however, also include elements from Adolf Meyer’s “psychobiology,” and behaviorist and educationalist theories. As the historian of psychoanalysis Nathan G. Hale Jr. has accurately summarized:

It reduced these disparate elements to a set of highly generalized, vague propositions: the importance of the environment in determining character, the formative influence of parents on the young child and of early experience in setting adult patterns of behavior; and the psychological origin of problems previously thought to be physiological, genetic, or social, such as delinquency, crime or neurosis.⁴⁶

Consequently, mental health as understood by the NCMH was a normative concept, based on an individual’s social conformity and integration, and most importantly, the will and capacity to contribute to the common weal. As Hans Pols has pointed out, from the mental hygiene perspective, mental health “was seen as the unconditional acceptance of prevailing social norms; maturity and mental health could be measured by the degree to which the individuals had internalized these norms.”⁴⁷

This understanding of mental health pointed well beyond psychiatry’s traditional duties, the care for the mentally ill, and even beyond the NCMH’s extended conception of its sphere of authority, which also included the prevention of mental disorder. Instead, the ideology of adjustment called for even further reaching social interventions and, ultimately, for the remodeling of society. This utopian potential of the movement’s ideas was well understood by its leading representatives. Frankwood E. Williams – somewhat disillusioned about his achievements as a mental hygiene activist, but not giving up on mental hygiene’s utopian promises – concluded in 1930, shortly after submitting his resignation from the National Committee for Mental Hygiene:

⁴⁶ Hale, *Freud and the Americans II*, 85.

⁴⁷ Pols, “Beyond the Clinical Frontiers,” 121.

All of this is good. But there is yet something else. Teaching this mother or this group of mothers, how better to manage children, teaching this father or this group of fathers, how to better gain the confidence of his son, giving lectures and courses now to this and now to that group of teachers – all of these things that we have to do in our everyday work, and all useful – will no more change the fundamental situation than will the remodeling of this law or the amending of that, in the case of the law. Into all social relations and the forces that hold them together – ethics, morals, religion – must come the same process mentioned above and eventually the same recasting that will give them the reality they do not now have.⁴⁸

Williams eventually found his visions of social engineering realized in the Soviet Union, which he visited in 1931.⁴⁹ He returned to the United States a convert, convinced that Soviet Communism was nothing less than practical mental hygiene, and of a more effective kind than that practiced in the West.⁵⁰ Until his death in 1936, Williams tirelessly continued to advertise the Soviet Union's achievements for the prevention of mental illness to American audiences.

Frankwood E. Williams's enthusiasm for the Soviet cause was not representative for mental hygienists in the United States in general. Nonetheless, it reflected the movement's shift towards the political left in the 1930s. This development was directly tied to the social and political impact of the Great Depression. Whereas in Germany, the global economy crisis led to a further radicalization of eugenic thought among mental hygienists and eventually to the merging of mental and racial hygiene in the wake of the Nazis' accession to power, US mental hygienists came to entirely different conclusions. The psychological consequences of the Depression forced them to reformulate their ideal of adjustment. If society itself was dysfunctional and the cause of unhappiness and anxiety, the goal of mental hygiene could no longer be to preserve or restore individuals' mental health by adjustment to the demands of society. Calling for a socialist restructuring of society like Williams did was one possible answer; but most of his colleagues chose to reshape their notion of adjustment instead. Adjustment was increasingly understood in terms of inner or emotional equilibrium. Mental

⁴⁸ Williams, "Finding a Way in Mental Hygiene," 21.

⁴⁹ Pols, "Frankwood E. Williams."

⁵⁰ Frankwood E. Williams, *Soviet Russia Fights Neurosis* (London: George Routledge & Sons, 1934), 1-15. See also Frankwood E. Williams, *Russia, Youth, and the Present-Day World: Further Studies in Mental Hygiene* (New York: Farrar & Rinehart, 1934).

hygienists' shift away from social adjustment and towards intra-psychological conflicts and family dynamics in the 1930s was closely connected to the increasing influence of psychoanalytic ideas in the movement and in US psychiatry in general; a development that gained additional momentum due to the inflow of émigré psychoanalysts from Europe.⁵¹

Confronted with mass unemployment and the dissolution of social structures during the Depression, the mental hygiene movement discovered community organizing as a way to preserve the mental health of the nation. Mental hygienists like the Rankian psychoanalyst George K. Pratt emphasized the role of smaller social units, as the family, the neighborhood, and the local community, for the preservation of emotional stability. Group activities of all kinds – from community singing and neighborhood socials, pageants, boxing matches, to concerts, operas, the projection of movies or the establishment of public playgrounds, parks, and amusement facilities – came to be seen as collective mental hygiene measures able to foster social inclusion and the sense of community. At the same time, Pratt recommended work programs for the unemployed, arguing that they would not only provide a sense of achievement that monetary relief could not, but also an outlet for pent-up nervous energy.⁵² As in the case of Williams's advocacy of Soviet communism, Pratt's psychoanalytically inspired proposals for community mental hygiene programs led the movement far away from its roots in institutional psychiatry. If mental disorders stemmed less from individual, medical causes than from economic problems, there was little left to do for psychiatrists and psychotherapists in terms of medical practice. Instead, mental hygienists could engage in a broader critique of the political and economic state of affairs on the grounds that it ran contrary to the demands of mental health.⁵³

GOING INTERNATIONAL

The National Committee for Mental Hygiene was mainly concerned with mental health in the United States. Nevertheless, the mental hygiene movement quickly spread to other parts of the world soon after the first organization in the US was established. As early as 1914, mental

⁵¹ Pols, "Beyond the Clinical Frontiers," 122-23.

⁵² Hans Pols, "Divergences in American Psychiatry during the Depression: Somatic Psychiatry, Community Mental Hygiene, and Social Reconstruction," *Journal of the History of the Behavioral Sciences* 37, no. 4 (2001): 375-80.

⁵³ Pols, "Beyond the Clinical Frontiers," 122-23.

hygiene organizations existed in Canada, South Africa, Australia and Mexico, but only in the decade after the First World War did the movement's international expansion really gain pace. A Canadian National Committee, modelled after the NCMH, was founded in 1918, other national organizations emerged in rapid succession: In Europe, France followed in 1920, Belgium in 1921, England in 1922, Italy in 1924, Germany in 1925, and Austria and Switzerland in 1927.⁵⁴

As an international movement, mental hygiene reached its apogee with the 1930 International Congress. 3,042 participants gathered for the five-day meeting in Washington D.C. Although the US and Canada clearly dominated the congress in terms of participant numbers, it indisputably was an international event. All in all, representatives of twenty-two different national committees took part in the congress, most of them from North America, Western and Eastern Europe, but also from the Soviet Union, India, Japan, Siam, Venezuela, and the Union of South Africa. In total, the NCMH assisted in paying the travel expenses for participants from forty-one different countries.⁵⁵ The different programs and the self-understanding of these national groups were anything but uniform and national antagonisms were far from irrelevant; nonetheless, they all saw themselves as parts of an international movement initiated and led by the Americans.

To some extent, the establishment of mental hygiene organizations in other countries and the emergence of an international network was a direct outcome of US mental hygienists' propagandistic efforts. In February 1919, Clifford Beers had initiated plans for an International Committee for Mental Hygiene (ICMH), envisaged to complement the NCMH's mental hygiene propaganda by taking it to an international level and to foster the founding of similar organizations abroad. As Mathew Thomson has argued, the American mental hygiene movement's shift towards an internationalization of its propaganda was part of a more general development in US philanthropism after the First World War – "a continuation of Wilsonianism in the philanthropic and scientific spheres," despite the simultaneous political isolationism.⁵⁶

⁵⁴ Dain, *Clifford W. Beers*, 209; Kauders, "Geschichte der psychischen Hygiene," 13-14; Repond, "Die Bewegung für psychische Hygiene in der Schweiz," 188. On mental hygiene in Italy, see Francesco Cassata, *Building the New Man. Eugenics, Racial Science and Genetics in Twentieth Century Italy* (Budapest, New York: Central European University Press, 2011), 118-34.

⁵⁵ Thomson, "Mental Hygiene as an International Movement," 285.

⁵⁶ *Ibid.*, 284-85.

However, the international expansion of mental hygiene also reflected the growing tensions between Clifford Beers and the physicians in the NCMH. Unsatisfied with his scope for action in the US mental hygiene movement and irked by Frankwood E. Williams's appointment as the new medical director of the NCMH in 1922, Beers could immerse himself in a new field of work abroad.⁵⁷ In 1923, he set out on a tour of Europe to advertise his ideas. He was received enthusiastically in Brussels, Paris, and London, meeting leading members of the political establishment and physicians interested in mental hygiene. Among them was a professor of psychiatry from the provincial town of Gießen in Germany, Robert Sommer, who had independently used the notion of mental hygiene since the turn of the century. As the following sections will show in more detail, he returned to Germany with a mission: to create a German association for mental hygiene and to return Germany psychiatry to the international stage. Beers had not come to Europe with empty hands, but with some possibilities to fund local mental hygiene initiatives, and, in particular, the promise of organizing and funding a large-scale international congress.⁵⁸

It would, however, take more than a decade until the International Committee for Mental Hygiene was finally founded and able to commence its operations. Nonetheless, the number of delegates at the meetings of the Organizing Committee shows the extent of mental hygiene's international expansion during the 1920s. In 1919, delegates from only two countries – the United States and Canada – participated in the meeting; for the second meeting, held in 1922, Auguste Ley from Belgium had joined the committee as its first European member. Only after Beers's trip to Europe in 1923 did his enterprise gain some momentum there. The third meeting, held in Paris in May 1923, was attended by delegates from eight European countries; at the following meeting in 1927, thirteen European countries were represented. When the ICMH was eventually founded during the First International Congress in 1930 – on the twenty-second anniversary of the founding of the first mental hygiene society in Connecticut on 6 May 1908 –, delegates from fifty countries were present.⁵⁹ Nonetheless, the ICMH was clearly dominated by the mental hygienists from the United States. President William A. White and general secretary Clifford W. Beers were Americans, as were the chairmen and the majority of officers

⁵⁷ Dain, *Clifford W. Beers*, 208-09.

⁵⁸ Ibid., 219-23; Thomson, "Mental Hygiene as an International Movement," 285.

⁵⁹ "The Founding of the International Committee for Mental Hygiene," in *Proceedings of the First International Congress on Mental Hygiene, held at Washington D.C., U.S.A. May 5th to 10th, 1930*, ed. Frankwood E. Williams (New York: The International Committee for Mental Hygiene, 1932).

in the Committee's various sections, with exception of the numerous vice-presidents, honorary presidents, and honorary vice-presidents, who had been selected to represent the national delegations attending the congress.⁶⁰

MENTAL HYGIENE COMES TO EUROPE

While mental hygiene flourished in the United States, the situation in the German-speaking countries could not have been more different. Even in the years following the First World War, mental hygiene was still largely unheard-of by both medical and lay audiences. Certainly, the individual parts of what would later be subsumed under this concept – as “open care,” welfare for dismissed patients, or eugenic marriage counselling – were already intensively discussed in the psychiatric community. Even the notion itself was occasionally used, as for example by the Viennese psychiatrist Erwin Stransky (1877-1962) in his programmatic article on applied psychiatry in 1918, or by Robert Sommer (1864-1937) in a 1902 article, in which he proposed the establishment of “public resting rooms” for the prevention of nervous disorders.⁶¹

But no specific program or agenda was attached to the concept yet. This only changed when Robert Sommer, chair of psychiatry in the provincial university town of Gießen, began to lobby for the establishment of a German branch of the movement for mental hygiene around 1923. Two years later, a German Association for Mental Hygiene (*Deutscher Verband für psychische Hygiene*) was eventually founded. Only then did the movement slowly but surely gain pace. The first German conference for mental hygiene was held in Hamburg in September 1928,⁶² the first volume of the *Zeitschrift für psychische Hygiene* was published in 1929, a comprehensive 400-page compendium on the subject followed in 1931.⁶³ Parallel developments took place in the other German-speaking countries, too. In 1927, mental hygiene was first institutionalized in Austria as a subcommittee of the Austrian Society for Public Health

⁶⁰ For a full list of the officers of the ICMH as appointed in May 1930, see *ibid.*, 38-42.

⁶¹ Stransky, "Angewandte Psychiatrie," 43; Sommer, "Die Einrichtung von öffentlichen Schlaf- und Ruhehallen," 529.

⁶² Roemer, *Bericht über die Erste Deutsche Tagung für Psychische Hygiene*.

⁶³ Bumke et al., *Handwörterbuch der psychischen Hygiene*. In the same year, another book-length compendium was published in Austria, see Stransky, *Leitfaden der psychischen Hygiene*.

(*Österreichische Gesellschaft für Volksgesundheit*), in the same year the Swiss National Committee for Mental Hygiene was founded.⁶⁴

On first sight, the impressive success of mental hygiene in the US and Clifford Beers's role in the founding and funding of associations in other countries during the interwar period seem to support the idea that mental hygiene was first and foremost an idea that was invented in the US and exported from there to the rest of the world. From this perspective, it would be easy to describe the American mental hygienists' propagandist efforts as a form of "cultural imperialism" (as historian Mathew Thomson has done),⁶⁵ and to dismiss the considerably smaller and less effectual mental hygiene organizations that were founded in Germany, Austria, and Switzerland in the second half of the 1920s as mere subsidiaries of the vastly more successful movement in the US.

However, as a closer look reveals, this was clearly not the case. Mental hygienists in the German-speaking countries saw themselves as parts of a successful international movement. But while they certainly enjoyed the prestige that being part of an international network gave to their respective national organizations, they were strongly rooted in local traditions and reacted to specific local social, political, and medical situations – as did the NCMH in the United States.⁶⁶ Certainly, the US movement had something to offer to mental hygiene activists abroad. The notion of "mental hygiene" provided a concept able to conflate existing approaches to prophylaxis, extra-mural psychiatry, and institutional reform into a common agenda – and a catchy brand name when it came to advertise this agenda to psychiatric, medical, political, and lay audiences. At the same time, American mental hygienists could also offer expertise on the organization of mental hygiene associations and lobbying derived from the experiences of their own successful movement in the United States, and had some possibilities to give non-American mental hygienists access to funding by US philanthropic organizations as the Rockefeller foundation and the Commonwealth Fund.⁶⁷ Nonetheless, as I argue in this section, there are good reasons not to exaggerate the influence of the US movement for the development of mental hygiene in German-speaking Europe.

⁶⁴ On mental hygiene in Austria, see Gröger, "Die Entwicklung der psychischen Hygiene." On the Swiss National Committee, see Ritter, *Psychiatrie und Eugenik*, 161-63.

⁶⁵ Thomson, "Mental Hygiene as an International Movement," 283.

⁶⁶ *Ibid.*, 298-99.

⁶⁷ *Ibid.*, 290-96.

INTERNATIONAL IMPULSES AND LOCAL TRADITIONS

Even while in the German-speaking countries, associations and committees were only established in the 1920s following Clifford Beers's initiative, local mental hygienists could look back on their own history of approaches to psychiatric prophylaxis. For the protagonists of the different mental hygiene organizations in Germany, Austria, and Switzerland, local traditions antedating the ideas of Beers and the NCMH were an integral part of their self-understanding and identity. But although they routinely referred to these older traditions, there was no generally accepted genealogy of mental hygiene – just as there was no common definition of the term itself. In Germany, Robert Sommer's idea of public resting rooms was widely acknowledged as a direct precursor; the DVPH's chairman Wilhelm Weygandt (1870-1939) also considered Emil Kraepelin a pioneer of mental hygiene.⁶⁸ In Austria, much longer lines of tradition were discussed. As Otto Kauders (1893-1949) argued, the genealogy of mental hygiene – when understood as the effort to “improve the psychic state of groups of people” – reached back as far as to the ideas of Socrates, Thomas Aquinas, Jean-Jacques Rousseau, or Johann Wolfgang Goethe.⁶⁹ The main figure in the Austrian historiography of mental hygiene was, however, Ernst von Feuchtersleben (1806-1849), a Viennese aristocrat, poet, and physician, who in 1838 had published his best-selling *Diätetik der Seele* (“dietetics of the soul”).⁷⁰ Although Feuchtersleben's philosophy had, in fact, only very limited influence on the Austrian movement for mental hygiene, the idea that he was an ancestor of the movement was not only common among mental hygienists in the interwar period, but persisted even after the Second World War: In 1951, Erwin Stransky introduced a lecture for American medical students in Vienna with the claim that mental hygiene had in fact been invented by the Austrian Feuchtersleben, and not by the American Beers.⁷¹ And even in 1960, the Austrian Society for Mental Hygiene celebrated the “World Year for Mental Health” with a series of lectures on the works of Feuchtersleben.⁷²

⁶⁸ “World View of Mental Hygiene,” 101.

⁶⁹ Kauders, “Geschichte der psychischen Hygiene,” 11-12.

⁷⁰ Feuchtersleben, *Zur Diätetik der Seele*.

⁷¹ ÖNB HANNA, Cod. Ser. 24072.

⁷² Stransky, “Geschichtliches zur psychischen Hygiene in aktueller Sicht,” 217. There was, however, a reception of Feuchtersleben at Adolf Meyer's clinic in Baltimore, as émigré psychoanalyst Else Pappenheim was astonished to find out in the late 1930s, see Pappenheim, “Zeitzeugin,” 225.

Moreover, even some close relatives of the term “mental hygiene” had occasionally been used prior to the First World War. As this section does not intend to develop a comprehensive history of the conceptual field, it will suffice to briefly touch on some of the more prominent examples: One of the first authors who expressly tried to introduce a prophylactic “hygiene of the soul” (*Hygieine der Seele*) was the philosopher Eduard Reich (1836-1919), whose ideas were considered as part of the heritage of the discipline by later social and mental hygienists.⁷³ Reich’s ideas, published in 1884, were nevertheless far apart from the later mental hygiene movement: His “hygiene of the soul” was not intended as medical prophylaxis of mental disorder, but was conceived as a holistic theory of felicity, virtue, and human perfection, embedded in an eclectic vitalistic philosophy built around a metaphysical concept of the soul rather than a psychological theory of the mind.⁷⁴ The psychiatrist Eugen Hallervorden (1853-1914) from Königsberg who, shortly before the fin-de-siècle, tried to establish a science of “psycho-hygiene” (*Psychohygiene*), was still part of this holistic psycho-philosophical tradition. Although Hallervorden announced that he would lay the foundations for a “general and special psycho-hygiene, based on physiological principles, as a science,” and give a first lecture on “psycho-hygiene” in 1897, his efforts remained both vague and fruitless.⁷⁵ The same was also true for the psychiatrist Leo Hirschlaff’s 1911 “hygiene of thinking” (*Hygiene des Denkens*), a set of various techniques of mental and bodily self-discipline for the prevention of nervousness and exhaustion.⁷⁶

Moreover, although the mental hygiene movement was mainly run by psychiatrists and stemmed from a number of earlier reform ideas in psychiatry, it was also part of much broader efforts for the preservation of collective health. More often than not, mental hygienists built their ideas upon pre-existing approaches in public health, and on the ideas of the social hygiene movement in particular. Also, the emergence of mental hygiene associations during the interwar period was closely connected to contemporary developments in public health care, in particular to the increasing professionalization and the extension of both state and non-state activity in

⁷³ Reich, *Die Geschichte der Seele*; Vogel, "Aufklärung, hygienische und Volksaufklärung: Allgemeines, Grundsätzliches und Geschichtliches," 25, 29.

⁷⁴ Reich, *Die Geschichte der Seele*, 458-60.

⁷⁵ Hallervorden, "Klinische Psychologie, die Vorstufe der Psychohygiene."; Hallervorden, *Arbeit und Wille*. One of the few writers to pick up Hallervorden’s ideas was the teacher Wilhelm Könnemann, see Könnemann, *Über Psychohygiene*. On Eugen Hallervorden, see Kreuter, *Deutschsprachige Neurologen und Psychiater*, 511-12.

⁷⁶ Hirschlaff, "Zur Psychologie und Hygiene des Denkens: Vortrag, gehalten am 1. Juni 1911 in der Psychol. Gesellsch. zu Berlin."

this field.⁷⁷ The prevalence of state activity in public health care and the higher professionalization of the field in general was certainly one important reason why laypeople played a considerably smaller role in the European mental hygiene associations as compared to the original movement in the United States, which relied mostly on private funding by philanthropist foundations.⁷⁸

The connection between mental hygiene and general public health was exceptionally clear in the Austrian case, where no independent mental hygiene association existed during the interwar period. Instead, Austrian mental hygienists had founded a working committee under the leadership of Josef Berze (1866-1957), which in October 1928 became a subcommittee of the Austrian Society for Public Health (*Gesellschaft für Volksgesundheit*)⁷⁹ – an independent “Austrian Society for Mental Hygiene” was established only after the Second World War.⁸⁰ The activities of the subcommittee were focused on Vienna, which during the interwar period had an unparalleled density of public health institutions. In a meeting of the subcommittee on 7 May 1929, Rudolf Dreikurs (1897-1972) argued that many of these private and public initiatives were in fact part of mental hygiene: counselling offices for suicidal individuals, adolescents, psychopaths, alcoholics, open care and counselling for the mentally ill, child guidance offices, welfare for juvenile delinquents, eugenic propaganda, marriage counselling, popular-scientific lectures, psychoanalytic sexual counselling, psycho-technic vocational counselling, and the mental hygiene counselling at the university clinic. As Dreikurs saw it, the subcommittee’s task would not only be to “connect all these institutions and to establish contacts between the neighboring disciplines, but also to use conferences, radio lectures, publications, etc., so that our movement may penetrate the population more profoundly.”⁸¹

⁷⁷ Gabriele Moser, “Die Zukunft gehört der prophylaktischen Medizin: Sozialhygiene, medizinisches Präventionsverständnis und Gesundheitsbegriff Ende der 1920er Jahre,” in *Sozialmedizin, Sozialhygiene und Public Health: Konzepte und Visionen zum Verhältnis von Medizin und Gesellschaft in historischer Perspektive*, ed. Udo Schagen and Sabine Schleiermacher (Berlin: Forschungsstelle Zeitgeschichte im Institut für Geschichte der Medizin, 2002).

⁷⁸ Harry Oosterhuis, “Outpatient Psychiatry and Mental Health Care in the Twentieth Century: International Perspectives,” in *Psychiatric Cultures Compared: Psychiatry and Mental Health Care in the Twentieth Century. Comparisons and Approaches*, ed. Marijke Gijswijt-Hofstra, et al. (Amsterdam: Amsterdam University Press, 2005), 249.

⁷⁹ Kogerer, “Psychische Hygiene in Österreich,” 114.

⁸⁰ Gröger, “Die Entwicklung der psychischen Hygiene,” 226.

⁸¹ Rudolf Dreikurs, “Der gegenwärtige Stand der psychischen Hygiene in Wien,” *Volksgesundheit: Zeitschrift für soziale Hygiene* 3, no. 10 (1929): 221.

Although in Germany, mental hygiene was institutionalized as an independent association led by psychiatrists from the beginning, the situation was similar in many regards. When mental hygiene entered the stage in the mid-1920s, other approaches to public health were already better established. Mental hygiene's closest older relative was social hygiene, which had crystallized into a discipline after the turn of the century and received additional momentum after the war. Very much like mental hygiene, social hygiene was anything but monolithic. It was an umbrella term, covering a broad range of different approaches and ideas, aimed at a comprehensive "sanitation of the social environment."⁸² As Paul Weindling has noted, "there were virtually as many theories as theoreticians."⁸³ Nonetheless, a general trend was discernible. While social hygienists had initially stressed the influence of the social and economic environment on individual and collective health, they moved towards biologically determined theories; increasingly focusing on eugenics and population policy as parts of social medicine.⁸⁴ The Weimar welfare state created an environment in which social hygiene could thrive. The interwar period was characterized by augmented state activity in the field of public health, and, as a consequence, the increasing professionalization of social hygiene as a discipline, which was now taught both at universities and in specialized academies, and became part of the general medical curriculum. At the same time, public health care legislation opened up additional possibilities for the implementation of new and the extension of existing social hygiene programs, like specialized health care for school children, infant welfare, specialized health care services for patients suffering from tuberculosis and venereal diseases, and – a direct outcome of the war – the welfare for crippled people.⁸⁵

⁸² Alfons Labisch, *Homo Hygienicus: Gesundheit und Medizin in der Neuzeit* (Frankfurt am Main and New York: Campus, 1992), 146-47.

⁸³ Paul Weindling, "Public Health in Germany," in *The History of Public Health and the Modern State*, ed. Dorothy Porter (Amsterdam and Atlanta: Editions Rodopi, 1994), 124. See also Adolf Gottstein, "Soziale Hygiene und Gesundheitsfürsorge," in *Handwörterbuch der psychischen Hygiene und der psychiatrischen Fürsorge*, ed. Oswald Bumke, et al. (Berlin and Leipzig: Walter de Gruyter, 1931), 331-32. For a comprehensive overview of the field prior to the First World War, see Alfred Grotjahn and Ignaz Kaup, eds., *Handwörterbuch der sozialen Hygiene*, 2 vols. (Leipzig: F.C.W. Vogel, 1912). See also Wilfried Heinzelmann, *Sozialhygiene als Gesundheitswissenschaft: Die deutsch/deutsch-jüdische Avantgarde 1897-1933, Eine Geschichte in sieben Profilen* (Bielefeld: transcript, 2009).

⁸⁴ Weindling, "Public Health in Germany," 124. On social hygiene and eugenics, see also Ursula Ferdinand, "Der 'faustische Pakt' in der Sozialhygiene Alfred Grotjahns (1869-1931)," in *Wie nationalsozialistisch ist die Eugenik? What is National Socialist about Eugenics?*, ed. Regina Wecker, et al. (Vienna, Cologne, and Weimar: Böhlau, 2009).

⁸⁵ Gottstein, "Soziale Hygiene und Gesundheitsfürsorge," 333-38; Weindling, "Public Health in Germany," 125-26; Wolfgang U. Eckart, *Medizin und Krieg: Deutschland 1914-1924* (Paderborn: Schöningh, 2014), 395-400.

For mental hygienists in the German-speaking countries, the development of social hygiene was an important model for the professionalization and implementation of their own public health agenda. Before the emergence of a self-professed movement for mental hygiene in the 1920s, many parts of its agenda had already been part of the debates on social hygiene, and a number of reform-oriented psychiatrists had published and pursued their ideas in this broader context, and under the label of social hygiene.⁸⁶ There was a considerable overlap between their proposals and what later became the central demands of mental hygiene: a comprehensive reform of the asylum system, the creation of counselling offices for borderline cases, the prevention of mental illness through the prevention of syphilis and alcoholism, but also with the aid of eugenic interventions. When psychiatrist Robert Sommer introduced the notion of mental hygiene shortly after the turn of the century, he did not yet have in mind an independent movement, but used the notion as a short form for the psychiatric aspects of social hygiene – as was also true in the case of Auguste Forel's "hygiene of the nerves."⁸⁷ In fact, some ideas of mental hygiene were nothing else but the appropriation of social hygiene ideas by psychiatrists and their application in the field of psychiatry.⁸⁸

Even after the founding of dedicated organizations, mental hygienists in the German-speaking countries usually acknowledged mental hygiene's origins in general and social hygiene. In a programmatic article published in 1928, Hans Roemer, the executive director of the DVPH, described the association's agenda as "mental social hygiene" (*geistige Sozialhygiene*).⁸⁹ In like manner, his Austrian colleague Erwin Stransky emphasized that mental hygiene and general, somatic hygiene were inextricably linked to each other, so that "mental hygiene without somatic hygiene is merely a torso."⁹⁰ As Stransky saw it, the connection between the disciplines resulted directly from the connection between mind and body, so that no psychiatric prophylaxis could be successful without taking into account the relation between psychic and somatic factors. Well understood, for Stransky, any idea of hygiene necessarily encompassed racial hygiene; in

⁸⁶ The participation of psychiatrists and the role of psychiatric aspects in the movement for social hygiene is in evidence in the contents of Grotjahn and Kaup's two-volume dictionary of social hygiene, Grotjahn and Kaup, *Handwörterbuch der sozialen Hygiene*. For parallel developments in mental hygiene and social hygiene, see also Roelcke, "Prävention in Hygiene und Psychiatrie."

⁸⁷ See, for example, Adolf Dannemann, "Irrenwesen," in *Handwörterbuch der sozialen Hygiene*, ed. Alfred Grotjahn and Ignaz Kaup (Leipzig: F.C.W. Vogel, 1912), 523.

⁸⁸ For the reception of social hygiene approaches in German interwar psychiatry, see also some of the publications on "social psychiatry," Otto Rehm, "Soziale Psychiatrie (Ein Arbeitsprogramm)," *Zeitschrift für die gesamte Neurologie und Psychiatrie* 104, no. 1 (1926).

⁸⁹ Roemer, "Was will die internationale Bewegung für geistige Hygiene?," 38.

⁹⁰ Stransky, "Wesen und Programmatik der psychischen Hygiene," 5.

fact, when he had first used the notion “mental hygiene” (*psychische Hygiene*) in 1918, he had not yet referred to the international movement that would only arrive in Austria some years later, but to the psychiatric aspects of racial hygiene.⁹¹ At the same time, however, Stransky’s insistence on the somatic foundations of mental hygiene was also directed against the psychodynamic approaches of the psychoanalysts and Adlerian individual psychologists in Vienna, whose theories were more strongly focused on intra-psychic processes, and who, unlike in Germany, played some role in the emerging Austrian mental hygiene movement.

But despite the close connections with social and somatic hygiene, the same mental hygienists understood themselves as members of an independent movement led by psychiatrists, and not as subsidiaries of social hygiene. From this perspective, their reference to older local traditions like Ernst von Feuchtersleben’s “dietetics of the soul” did not only buttress the national associations’ independence against the international movement, but also vis-à-vis the local social hygienists.⁹² The emergence and success of the mental hygiene movement in the United States following the publication of Clifford Beers’s book provided reform-oriented psychiatrists not only with a catchy brand name, but also with the possibility to unite their existing and new ideas for the reform and extension of psychiatry in an internationally connected and independent movement under their own leadership. Generally speaking, if there was something genuinely new about mental hygiene in the mid-1920s, it was less the individual parts of the agenda, than the fact that such a movement existed.

REFORMING THE ASYLUM

When Clifford Beers arrived in Europe in 1923 to advertise the international movement that he had initiated, in some sense mental hygiene was already there. Many of the ideas propagated by American mental hygienists were eagerly discussed among their German-speaking colleagues. While prophylactic and eugenic ideas were gaining influence in academic psychiatry, this was also, and particularly true for the topic that had featured first on Beers’s agenda after his recovery and release – the reform of psychiatric institutions. The expansion of the international movement for mental hygiene to the German-speaking countries met a

⁹¹ Stransky, “Angewandte Psychiatrie,” 43; Stransky, “Wesen und Programmatik der psychischen Hygiene,” 3-5.

⁹² See, for example, Roemer, “Psychische Hygiene.”

psychiatric landscape that was on the move.⁹³ In this situation, mental hygiene could become an umbrella under which various existing approaches to the reform of psychiatry gathered, united by the common idea that – be it by means of eugenics, psychotherapy, open care, or the prevention of nervousness – psychiatry as a discipline had to move out of the confines of the asylums and clinics.

Together with the approaches to socio-medical prophylaxis developed by academic psychiatrists in university clinics, the programs for institutional reform propagated by a number of asylum psychiatrists became the pillars of mental hygiene in Germany. Consequently, two of the most outspoken and engaged proponents of the reform of institutional care came to occupy key positions in the German Association for Mental Hygiene (*Deutscher Verband für psychische Hygiene*): Gustav Kolb (1870-1938), who introduced the idea of “open care,” and Hermann Simon (1867-1947), a pioneer of occupational therapy. While the prophylactic ideas of academic psychiatrists like Auguste Forel, Emil Kraepelin, and Robert Sommer have been discussed in some detail in the previous chapter, this section begins with a brief overview over the most important developments in institutional reform in interwar Germany, highlighting their role for psychiatry’s shift towards extramural care and prevention, and for the emergence of mental hygiene in Germany.

After the First World War, psychiatric institutions in Germany were in a profound crisis. During the war already, the conditions in asylums had been catastrophic; tens of thousands of psychiatric inmates had died due to starvation and sickness.⁹⁴ In the following years, the situation did hardly improve, and German institutional psychiatry, once an international example, was in a dismal condition. As Adolf Groß, a resident physician from Konstanz, wrote in 1923, the war had violently interrupted an era of successive progress in institutional care.⁹⁵ The building of expensive modern asylums like before the war was inconceivable now, and even the upkeep of existing institutions and the maintenance of humane conditions had become a challenge. Basic necessities like coal, potatoes, soap, and bed sheets had become unaffordable,

⁹³ Minutes of the DVPH board meeting in Berlin, 28 November 1927, Hermann Simon papers, 926/193.

⁹⁴ Hans Ludwig Siemen, *Menschen blieben auf der Strecke ...: Psychiatrie zwischen Reform und Nationalsozialismus* (Gütersloh: Jakob von Hoddis, 1987), 29-30. For a contemporary account, see A. Richter, “Über die Ernährungsverhältnisse in der Irrenanstalt Buch während des Krieges 1914/1918 und deren Folgen,” *Allgemeine Zeitschrift für Psychiatrie und psychisch-gerichtliche Medizin* 75(1919).

⁹⁵ Groß, “Zeitgemäße Betrachtungen zum wirtschaftlichen Betrieb der Irrenanstalten.”

and even more so the instruments, drugs, journals, and books needed for a treatment of patients in keeping with modern medical standards. At the same time, psychiatric institutions came under pressure from different sides. The new democratic order threatened the quasi-feudal hierarchies of the asylums from inside, as nurses organized themselves in works committees (*Betriebsräte*) and demanded the amelioration of their working conditions and the introduction of the eight-hour day. Simultaneously, psychiatry also stood in the center of a fierce public debate about the brutal treatment of “hysterical” soldiers during the war, and was publicly accused of the wrongful confinement of psychiatric inmates.⁹⁶

Against the backdrop of this immediate crisis, resident physicians from different asylums began to draft extensive programs for the reform of institutional care. Gustav Kolb, director of the asylum at Erlangen, positioned himself as the most resolute proponents of institutional reform; the detailed reform proposal that he published in 1919 had a decisive influence on the following debates in German psychiatry and directly led to the subsequent implementation of a system of “open care” in the course of the 1920s.⁹⁷ Kolb presented his ideas as a direct reaction to external, political pressures on institutional care, rightly predicting that the coming elections would result in a victory of the Social Democrats, and therefore in a strengthening of forces critical to psychiatry. Ostensibly a forehanded reaction to the impending challenge from politics, he called for more than a defense of psychiatry’s present status or a return to the pre-war situation. Instead, Kolb wanted to shift the focus of institutional psychiatry from confinement to treatment. As historian Astrid Ley has rightly pointed out, the reorientation of psychiatry suggested by Kolb should not only be understood simply as a reaction to external political and economic pressures, but also as an expression of a professional agenda aiming at the extension of psychiatry’s area of authority, and at a redefinition of the role of resident physicians.⁹⁸

⁹⁶ Hans Ludwig Siemen, “Die Reformpsychiatrie der Weimarer Republik: Subjektive Ansprüche und die Macht des Faktischen,” in *Nach Hadamar: Zum Verhältnis von Psychiatrie und Politik im 20. Jahrhundert*, ed. Franz-Werner Kersting, Karl Teppe, and Bernd Walter (Paderborn: Ferdinand Schöningh, 1993), 100; Schmiedebach, “Eine ‘antipsychiatrische Bewegung’ um die Jahrhundertwende.”

⁹⁷ Gustav Kolb, “Reform der Irrenfürsorge,” *Zeitschrift für die gesamte Neurologie und Psychiatrie* 47(1919); Kolb, “Inweitweit sind Änderungen im Betriebe der Anstalten geboten?.”; Ley, “Psychiatriekritik durch Psychiater.”; Schmiedebach and Priebe, “Social Psychiatry in Germany.”; Heinz-Peter Schmiedebach and Stefan Priebe, “Open Psychiatric Care and Social Psychiatry in 19th and Early 20th Century Germany,” in *Psychiatrie im 19. Jahrhundert: Forschungen zur Geschichte von psychiatrischen Institutionen, Debatten und Praktiken im deutschen Sprachraum*, ed. Eric J. Engstrom and Volker Roelcke (Basel: Schwabe, 2003). See also Gustav Kolb, “Die offene psychiatrische Fürsorge,” in *Handwörterbuch der psychischen Hygiene und der psychiatrischen Fürsorge*, ed. Oswald Bumke, et al. (Berlin and Leipzig: Walter de Gruyter, 1931).

⁹⁸ Ley, “Psychiatriekritik durch Psychiater,” 195-96.

Kolb's program contained a broad range of different aspects. He proposed the establishment of "protective courts" (*Schutzgerichte*) for the prevention of wrongful confinement and abuses, and demanded better funding for public institutions and the gradual closing of private clinics affordable only to privileged patients. He agreed to a stronger inclusion of the nurses and non-medical staff in administrative matters pertaining to them, but vehemently rejected their demands for an eight-hour day. Furthermore, he suggested to counter the public's negative image of psychiatry with public education about the aims and methods of institutional care. The most important and influential part of his proposal was, however, the introduction of "open care" (*offene Fürsorge*).

Psychiatric institutions, Kolb argued, were widely considered as "a cross between prison and hospital." This would have to change in the future. To become as "humane and free as possible," the asylum would have to be transformed from a secluded place of confinement into a modern treatment facility well-integrated into society as the center of a graduated system of welfare services.⁹⁹ Concretely, Kolb proposed the creation of "care offices" (*Fürsorgestellen*) attached to existing psychiatric institutions, which would advise, support, supervise, and if necessary treat mental patients living outside the institution. "Open care" would allow to dismiss patients earlier, thus reducing the occupancy rate of the asylum and improving psychiatry's efficacy. This form of extramural psychiatry would also enable psychiatrists to reach potential patients before they had to be admitted to an asylum, including "psychopaths," alcoholics, neurotics, mentally deficient adolescents, released convicts and all other borderline cases. Thus, "open care" could become a method for psychiatric prophylaxis.¹⁰⁰

The second important psychiatric reform program in interwar Germany was Hermann Simon's "more active therapy" (*aktivere Krankenbehandlung*).¹⁰¹ This form of treatment, first introduced by Simon during his time as director of the asylum of Warstein as early as 1905,

⁹⁹ Kolb, "Reform der Irrenfürsorge," 141-42.

¹⁰⁰ Ley, "Psychiatriekritik durch Psychiater," 202. Kolb provided an exhaustive list of reasons for the implementation of open care, see Kolb, "Reform der Irrenfürsorge," 156-57.

¹⁰¹ Bernd Walter, "Hermann Simon: Psychiatriereformer, Sozialdarwinist, Nationalsozialist?," *Der Nervenarzt* 73, no. 11 (2002); Siemen, "Die Reformpsychiatrie der Weimarer Republik," 103-04; Thomas Beddies, "'Aktivere Krankenbehandlung' und 'Arbeitstherapie': Anwendungsformen und Begründungszusammenhänge bei Hermann Simon und Carl Schneider," in *"Heroische Therapien:" Die deutsche Psychiatrie im internationalen Vergleich 1918-1945*, ed. Hans-Walter Schmuhl and Volker Roelcke (Göttingen: Wallstein, 2013).

relied on the use of occupational therapy for almost every patient. He understood “more active therapy” as a way to overcome the deficits of the usual treatment methods used in pre-war psychiatry, which mainly tried to tranquilize patients by keeping them in bed for most of the time (*Bettbehandlung*), or with long-duration bathing, a method then known as hydrotherapy. These methods, Simon believed, had a detrimental effect on the mental state of the patients; they alienated them further from the outside world, and thus made a release even more unlikely and challenging. As Simon argued at the first conference of the German Association for Mental Hygiene in 1928, life in the asylum itself could be pathogenic:

We know from old reports that in hospitals and maternity homes the air was ripe with infectious germs, and how hospital gangrene and puerperal fever caused havoc among the wards as a consequence of wound infection which they did catch where they were looking for cure. [...] Likewise, the mental atmosphere of the asylum is impregnated with numerous infectious germs that threaten the sore mental life of the sick looking to be cured: there's the bacilli of unrest and excitation, of constant discontent and incitement, perpetual quarrel and strife, of nasty manners and habits, of hundreds of kinds of fallacy and foolishness.¹⁰²

Simon's “more active therapy” offered a pedagogical alternative, combining occupational theory with the delegation of responsibility to the patients.¹⁰³ Its aim was to enforce order and discipline in the asylum, but also to foster patients' remaining self-reliance and to keep them in connection with the necessities of life outside the institution.¹⁰⁴

Although Simon had already developed and used “more active therapy” before the war, its broader reception began only in 1924, after he presented his approach at the yearly conference of the German Psychiatric Society at Innsbruck. After overcoming the initial reservations of the professional community, his method was met with great interest, nationally and internationally, and quickly became one of the cornerstones of institutional reform.¹⁰⁵ There are at least three

¹⁰² Hermann Simon, “Krankenbehandlung in der Heilanstalt, insbesondere Beschäftigung, in ihren Beziehungen zur psychischen Hygiene,” in *Bericht über die Erste Deutsche Tagung für psychische Hygiene in Hamburg am 20. Dezember 1928*, ed. Hans Roemer (Berlin and Leipzig: Walter de Gruyter, 1929), 20.

¹⁰³ Schmiedebach and Priebe, “Social Psychiatry in Germany,” 461.

¹⁰⁴ Siemen, “Die Reformpsychiatrie der Weimarer Republik,” 104.

¹⁰⁵ Between 1925 and 1930, more than 700 visitors came to see Simon's Gütersloh clinic as a model for institutional reform, seventy of them came from abroad, see Walter, “Hermann Simon,” 1049.

reasons for this success. First, “more active therapy” promised a way to overcome psychiatry’s notorious “therapeutic nihilism,” and to transform the asylum from a space of confinement into a facility for effective treatment, allowing if not to cure, at least to render patients more capable to function in social environments. Second, Simon’s “more active therapy” therefore could work as a complementary part for Gustav Kolb “open care,” by preparing patients for an early release, and by keeping them in touch with the realities of the outside world during their confinement.¹⁰⁶

Third, the success of “more active therapy” should also be understood in the context of the larger socio-political and socio-economic developments during the interwar period. In a rapidly developing and differentiating industrial society, the individual ability to work and perform became increasingly important.¹⁰⁷ In fact, Article 163 of the Weimar constitution expressly defined the use of one’s “intellectual and physical abilities for the common good” as a “moral obligation” (*sittliche Pflicht*) for “every German.” To put it somewhat bluntly, the intended outcome of different psychiatric therapeutics reflected the characteristics of the ideal citizen in a given historical period and socio-political regime. Whereas Wilhelmine psychiatry had aimed at calm, submissive, and passive patients, Weimar psychiatry tried to use “more active treatment” to make its patients productive, self-disciplined, and active. Hermann Simon himself was fairly explicit about the work ethics that defined the therapeutic aims of this method. “Work and performance are the source of all living creature’s abilities,” he wrote in 1928, and consequently the aim of psychiatric treatment had to be an “education to performance, self-reliance, and self-responsibility. To preserve our patients from an idiotic (*trottelhaft*) existence as parasites, which will rob them of their remaining human dignity and self-esteem.”¹⁰⁸ However, as this quotation suggests and as will be discussed in more detail later in chapter VI, Simon’s concept of occupational therapy was not only compatible with the needs of the Weimar welfare state, but also with right-wing social-Darwinist thought. Against the backdrop of the global economy crisis in the late 1920s, Simon eagerly embraced such views, and advocated

¹⁰⁶ Simon, “Krankenbehandlung in der Heilanstalt,” 24; Schmiedebach and Priebe, “Social Psychiatry in Germany,” 461-62.

¹⁰⁷ Monika Ankele, “Arbeitsrhythmus und Anstaltsalltag: Eine Einführung in den Sammelband,” in *Arbeitsrhythmus und Anstaltsalltag: Arbeit in der Psychiatrie vom frühen 19. Jahrhundert bis in die NS-Zeit*, ed. Monika Ankele and Monika Brinkschulte (Stuttgart: Franz Steiner, 2015), 11. For the most comprehensive overview over the history of occupational therapy in German psychiatry up to date, see also the other chapters in the same book.

¹⁰⁸ Simon, “Krankenbehandlung in der Heilanstalt,” 22, 24.

both “more active therapy” and mental hygiene as ways to counteract the excess of welfare that he found to threaten the health and fitness of the nation.

AUSPICIOUS BEGINNINGS

As an organized movement, mental hygiene made its first public appearance in Germany in September 1928, when the German Association for Mental Hygiene (*Deutscher Verband für psychische Hygiene*, DVPH) held its first conference in Hamburg-Lichtenberg. In international comparison, Germany was a late-comer. The first association in the United States dated from 1908; Canada, South Africa, Australia and Mexico had founded theirs before the First World War. In Europe, mental hygiene entered the stage only after the war – in France, an association was founded in 1920, followed by Belgium in 1921, England in 1922, and Italy in 1924. The German-speaking countries joined the trend only in the second half of the 1920s, with associations being founded in both Austria and Switzerland in 1927.

The debate on a profound reform of psychiatric institutions had rapidly gained momentum after the First World War, as Gustav Kolb’s “open care” and Hermann Simon’s “more active treatment” shifted to the center of the discipline’s attention. While these reform impulses came from asylum physicians, academic psychiatrists had been increasingly concerned with the more fundamental question of how mental illness might be prevented. Even the term “mental hygiene” was not totally unheard of. As has already been mentioned, in 1902, Robert Sommer had used the notion *psychische Hygiene* to describe what he had in mind with his public resting rooms (*Ruhehallen*); in 1910 he picked up the notion again, this time as a synonym for psychiatric eugenics in a memorandum for the institutionalization of psychiatric prophylaxis in the form of a state agency.¹⁰⁹ Independently, the Viennese psychiatrist Erwin Stransky had used the same term in his 1918 manifesto for “applied psychiatry,” referring to the psychiatric aspects of racial hygiene. Notably, the two men who first introduced the concept of *psychische Hygiene* to psychiatric debates in the German-speaking countries both became key actors in the mental hygiene associations in Germany and Austria, respectively.¹¹⁰

¹⁰⁹ Sommer, “Die Einrichtung von öffentlichen Schlaf- und Ruhehallen.” Sommer, “Eine psychiatrische Abteilung des Reichsgesundheitsamts.”

¹¹⁰ Stransky, “Angewandte Psychiatrie,” 43.

One reason for the relatively late emergence of a mental hygiene association in Germany was that it simply took relatively long to organize.¹¹¹ As early as 1923, Clifford Beers had encouraged Robert Sommer to lobby for the creation of a German branch of the international movement for mental hygiene. Little is known about Sommer's efforts in the following two years except for a number of publications in German and Austrian professional journals.¹¹² Nonetheless, the DVPH officially came into existence in 1925. From the outset, it was closely connected to the existing professional organizations in Germany psychiatry. It was formally founded at the annual meeting of the German Psychiatric Society (*Deutscher Verein für Psychiatrie*, DVP) in Kassel, when the assembly decided unanimously that the existing approaches to prophylaxis and reform had to be united in a common association and represented on the international stage. Wilhelm Weygandt became the first vice-president and the representative of the larger DVP in the newly founded association.¹¹³ In the course of the following year, three more members joined the board of the DVPH – Hans Roemer, Gustav Kolb, and Hermann Simon.¹¹⁴ This composition of the board reflected the DVPH's self-understanding. It rallied both reform-minded university scholars and institutional physicians around the flag of mental hygiene, while at the same time retaining a very close connection with the established structures in the field.¹¹⁵

On 28 November 1927, the complete board of the DVPH met for the first time at the Hotel *Russischer Hof* in Berlin.¹¹⁶ The main topics at the meeting were the upcoming international congress in Washington D.C., the first plans for a German conference for mental hygiene, and the establishment of an official journal for the association. The debate about the journal raised an issue that would remain a recurring topic and one of the fault lines inside the DVPH – mental hygiene's difficult relationship with the simultaneously professionalizing field of

¹¹¹ For two brief and incomplete summaries of the emergence of the German mental hygiene association, see Siemen, *Menschen blieben auf der Strecke*, 89-94; Bernd Walter, *Psychiatrie und Gesellschaft in der Moderne: Geisteskrankenfürsorge in der Provinz Westfalen zwischen Kaiserreich und NS-Regime* (Paderborn: Ferdinand Schöningh, 1996), 286-96.

¹¹² See, for example, Robert Sommer, "Zu dem internationalen Kongress für psychische Hygiene," *Wiener Medizinische Wochenschrift* 75, no. 18 (1925).

¹¹³ Minutes of the DVPH board meeting in Berlin, 28 November 1927, Hermann Simon papers, 926/193. For Sommer's talk at the 1925 conference, see Robert Sommer, "Die nationale und internationale Organisation der psychischen Hygiene," *Allgemeine Zeitschrift für die Psychiatrie und psychisch-gerichtliche Medizin* 83, no. 5/6 (1926).

¹¹⁴ Hermann Simon to Wilhelm Weygandt, 11 October 1926, Hermann Simon papers, 926/193.

¹¹⁵ See also Robert Sommer to Gustav Kolb and Hermann Simon, 8 June 1927, Hermann Simon papers, 926/193.

¹¹⁶ Minutes of the DVPH board meeting in Berlin, 28 November 1927, Hermann Simon papers, 926/193.

psychotherapy. Robert Sommer strongly supported the idea that mental hygiene and psychotherapy were closely related and that both emerging disciplines ought to cooperate: “Both are parts of an extended psychiatry, which has developed beyond the asylum and in the direction of the treatment and prevention not only of the mental illnesses in the narrow sense, but also of neurotic mental states (*psychische-nervöse Zustände*).”¹¹⁷ Consequently, Sommer proposed to establish a common journal for both psychotherapy and mental hygiene, in which the DVPH could publish its announcements. Roemer, Weygandt, and Kolb disagreed. As they saw it, psychotherapy was still too controversial, and too close a cooperation was likely to damage mental hygiene’s reputation. Instead, Roemer suggested establishing a journal for mental hygiene as a supplement to the venerable *Allgemeine Zeitschrift für Psychiatrie* (AZP). Eventually, two journals bearing mental hygiene in their titles appeared in Germany from 1928 onwards – the *Allgemeine ärztliche Zeitschrift für Psychotherapie und psychische Hygiene* (AÄZP), initially edited by Robert Sommer, and the *Zeitschrift für psychische Hygiene*, edited by the whole board of the DVPH as its official journal and distributed as a supplement to the AZP.

Moreover, the proceedings of the Berlin meeting also show that the newly founded association quickly found recognition among political actors in the field of public health. Three state representatives took part in the afternoon session of the meeting, two from the *Reich* Ministry of the Interior, and one from the *Reich* health office (*Reichsgesundheitsamt*).¹¹⁸ As the undersecretary (*Ministerialrat*) Max Taute (1878-1934) told the members of the DVPH’s board, an organization that would tackle the question of prophylaxis and hygiene from the perspective of professional psychiatry had been lacking until now; its founding was expressly welcomed by the Ministry of the Interior. Moreover, Taute also held out the prospect of financial support for the DVPH’s future activities.¹¹⁹

This was not an empty promise. In 1927, the DVPH had already received 3,000 mark from the Ministry of the Interior; another 4,000 mark followed in 1928/29. In the same year, 1,000 mark were granted by the Foreign Office for the preparation of the German participation at the

¹¹⁷ Robert Sommer, "Psychotherapie und psychische Hygiene," *Allgemeine Ärztliche Zeitschrift für Psychotherapie und psychische Hygiene* 1, no. 1 (1928): 9-10; Robert Sommer, "Psychotherapie und psychische Hygiene," *Allgemeine ärztliche Zeitschrift für Psychotherapie und psychische Hygiene* 1, no. 2 (1928).

¹¹⁸ On the history and functions of the *Reich* health office, see Hüntelmann, *Hygiene im Namen des Staates*.

¹¹⁹ Minutes of the DVPH board meeting in Berlin, 28 November 1927, Hermann Simon papers, 926/193, 14.

International Congress.¹²⁰ Unlike the National Council for Mental Hygiene in Britain, the DVPH, as well as other mental hygiene organizations in continental Europe, did not benefit much from funding by American philanthropic organizations.¹²¹ When Robert Sommer established the DVPH in 1925, he received some start-up funding from Clifford Beers, but the sum of 300 mark covered only the smallest part of the association's initial expenses; before, Sommer had covered the expenses himself.¹²² In the case of Austria and Switzerland, there is no evidence of any US funding for local mental hygiene activities.

The newly founded DVPH not only received financial support from the *Reich* government, it was also recognized as a legitimate expert authority by political actors early on. In 1927, a subsection of the socialist Free Trade Unions (*Freie Gewerkschaften*) had published a memorandum that vehemently criticized the current use of occupational therapy in German asylums, demanding clear limitations for its use in order to protect psychiatric patients from compulsory labor and economic exploitation. The debate started by this memorandum suddenly gained political momentum when the trade unions' foray unexpectedly was backed by the majority of the *Reichstag* on 26 March 1928. In this situation, the *Reich* Minister of the Interior commissioned a report on the question of occupational therapy from the DVPH. The sixteen-page expert testimony, which was mainly authored by Hermann Simon, defended occupational therapy as an important advance in the treatment of the insane and warned against any legislative obstructions.¹²³ The DVPH's statement received considerable publicity, and eventually caused the debate to change direction.¹²⁴

The first German conference for mental hygiene, held in Hamburg in September 1928, became an important first success. About 200 people attended the conference, among them were many representatives of the *Reich*, the countries, the Prussian provinces, and municipalities; also present were representatives of medical professional organizations, of the German Hygiene

¹²⁰ Robert Sommer and Hans Roemer, "Niederschrift über die erste Mitgliederversammlung des Deutschen Verbandes für psychische Hygiene in Hamburg in der Staatskrankenanstalt Friedrichsberg am 19. September 1928," *Zeitschrift für psychische Hygiene* 1, no. 5 (1928): 134-35.

¹²¹ On mental hygiene in Britain and its connections with the US movement, see Mathew Thomson, "Mental Hygiene in Britain during the First Half of the Twentieth Century: The Limits of International Influence," in *International Relations in Psychiatry: Britain, Germany, and the United States to World War II*, ed. Volker Roelcke, Paul Weindling, and Louise Westwood (Rochester: University of Rochester Press, 2010).

¹²² Minutes of the DVPH board meeting in Berlin, 28 November 1927, Hermann Simon papers, 926/193, 1.

¹²³ "Zur Frage der Arbeitstherapie in den Heil- und Pflegeanstalten," *Zeitschrift für psychische Hygiene* 2, no. 2 (1929). See also DVPH to the *Reich* Minister of the Interior, 30 July 1928, Hermann Simon papers, 926/139.

¹²⁴ Walter, *Psychiatrie und Gesellschaft*, 291-95.

Museum (*Deutsches Hygiene-Museum*) in Dresden, of the hygiene institutes of German universities, of social hygiene associations, and welfare offices.¹²⁵ As Wilhelm Weygandt rightly stated in his opening address, the conference was something new; never before had so many different medical and non-medical actors in the field of mental health care gathered for a common meeting.¹²⁶ The considerable interest in the DVPH's first conference clearly showed what acceptance the young organization had earned early on, but it also reflected the high expectations that mental hygiene would have to answer.

At the same time, the conference also documented the DVPH's integration into the international networks of mental hygiene. Representatives of mental hygiene associations from Austria, Hungary, France, the Netherlands, Denmark, and Norway had come to Hamburg, and salutatory notes had been sent from Italy and Russia. Vice versa, the German mental hygienists affirmed their part in the international movement by sending a greeting telegram to Clifford Beers in New York.¹²⁷

Apart from making a first public appearance for mental hygiene in Germany, one objective of the conference was to stake out what the field of mental hygiene actually contained. The statutes of the DVPH, which were passed at the member meeting held immediately after the conference, defined both mental hygiene and the association's purpose in very broad terms:

The term "mental hygiene" contains, for one thing, efforts for a modern organization of the open and closed care for insane people and psychopaths according to the principles of mental hygiene (occupational therapy, family and open care, sanatoriums, support societies (*Hilfsvereine*), etc.), furthermore, mental hygiene and prophylaxis in a narrow sense, and finally, the dissemination of mental hygiene knowledge in all strata of society, and to those groups of people who are professionally concerned with mental

¹²⁵ For a full list of participants, see Roemer, *Bericht über die Erste Deutsche Tagung für Psychische Hygiene*, 151-57. On the conference, see also Robert Sommer, "Die I. Tagung des Deutschen Verbands für Psychische Hygiene in Hamburg-Friedrichsberg vom 19.-21. Sept. 1928," *Allgemeine ärztliche Zeitschrift für Psychotherapie und psychische Hygiene* 1(1928).

¹²⁶ Wilhelm Weygandt, "Über die Aufgaben des deutschen Verbandes für psychische Hygiene und die erste deutsche Tagung," in *Bericht über die Erste Deutsche Tagung für psychische Hygiene in Hamburg am 20. Dezember 1928*, ed. Hans Roemer (Berlin and Leipzig: Walter de Gruyter, 1929), 8.

¹²⁷ Roemer, *Bericht über die Erste Deutsche Tagung für Psychische Hygiene*, 4.

hygiene in particular; the practical application of mental hygiene should be promoted not only in psychiatry, but in all fields of social life.¹²⁸

At the conference, numerous short papers were held on all aspects that could be considered to be part of the DVPH's responsibilities. However, as the proceedings show, in 1928 mental hygiene in Germany was still strongly dominated by institutional reform. Introduced by the inputs of Gustav Kolb and Hermann Simon the entire first of three sections of the conference discussed how institutional care could be reformed, and how psychiatric institutions might extend their welfare and counselling activities to noninstitutionalized groups of patients. Only the second session dealt with psychiatric prophylaxis in a broader, socio-medical sense. Notably, the participants almost exclusively discussed the prevention of what Robert Sommer had designated as "exogenous" causes of mental disorders, like the mental strain of urban life, alcohol, and syphilis, mostly by means of healthcare education.

Eugenics, by contrast, played only a minor role at the conference. A single contribution on the question of heredity and mental hygiene had been announced. Ernst Rüdin, who was supposed to give the paper did eventually not attend the conference; therefore Robert Sommer gave an overview of his views on heredity instead. Repeating his pre-war views, he argued for voluntary eugenics based on the ideal of "natural aristocracy," which would have to become the "principal motive of mental hygiene."¹²⁹ However, in the following years the association's focus would rapidly shift from institutional reform and education to eugenics. In the wake of the world economic crisis, plans for institutional reform came under economic pressure, and concerns for the collective, biological health of the body politic moved the fore again. The next conference of the German Association for Mental Hygiene, held in Bonn in 1932, would be devoted entirely to the "eugenic tasks of mental hygiene."¹³⁰

The German Association for Mental Hygiene left the 1928 conference well consolidated. It had successfully advertised its agenda to a large professional audience, it had secured the support of political authorities from all levels of administration, and of numerous organizations in the

¹²⁸ "Satzungen des Deutschen Verbands für psychische Hygiene," *Zeitschrift für psychische Hygiene* 1, no. 5 (1928).

¹²⁹ Sommer, "Psychiatrische Erbllichkeitsforschung und psychische Hygiene."

¹³⁰ Hans Roemer, "Die Zweite Tagung für psychische Hygiene in Bonn am 21. Mai 1932," *Zeitschrift für psychische Hygiene* 5, no. 3/4 (1932).

field of public welfare. Moreover, the DVPH had clearly positioned itself as a branch of the larger international movement for mental hygiene. The association's prosperousness is clearly mirrored by its register of members. In 1930, the DVPH already had seventy-five individual members both in Germany and abroad, and thirty-eight corporate members, among them numerous psychiatric institutions, provincial societies for the support of the mentally ill (*Hilfsvereine*), and other welfare institutions. The association's growth continued in the next years; in 1932, the number of individual members had reached 102, including numerous directors of major psychiatric institutions and many of the most renowned and established academic researchers in the field.¹³¹ At the same time, public interest in mental hygiene increased rapidly. From 1928 on, Robert Sommer received numerous inquiries about mental hygiene and its aims from German medical, scientific, and popular scientific periodicals.¹³²

INTERNATIONAL REINTEGRATION

In the middle of the 1920s, there was one event that mesmerized the adherents of psychiatric prophylaxis and institutional reform all over the world: the planned international congress for mental hygiene, to be held in Washington D.C. It would finally bring together everyone working in the field, unite the many national branches of the movement, and see the founding of the International Committee for Mental Hygiene (ICMH), turning mental hygiene into a truly international movement. First announced for 1925, financial and organizational issues repeatedly led the congress to be postponed, so that it eventually only took place in 1930. The congress became an important success for the international movement. More than 3,000 representatives from many countries and continents gathered for six days in Washington D.C. in an atmosphere of great optimism. However, as I will show in this section, while the congress marked the moment in which mental hygiene came closest to becoming a truly global movement, the fault lines that would lead to its dissolution were already visible.

Even years before mental hygienists from all over the world would travel to Washington D.C. in 1930, the international congress already loomed large across the Atlantic. In fact, there existed a direct connection between Clifford Beers's promise during his trip to Europe in 1923

¹³¹ List of members of the DVPH, 1930, with handwritten additions until 1 May 1932, Hermann Simon papers, 926/139.

¹³² UAG, Robert Sommer papers, Vol. 67.

to host and fund a large international meeting and the subsequent emergence of mental hygiene associations in Germany, Austria, and Switzerland. Among those European psychiatrists who had met Beers in 1923 and joined the Organizing Committee was Robert Sommer, who subsequently became the first to drum up support for the creation of German and Austrian branches of the international movement.¹³³ In his first appeals of questionable persuasiveness, he mainly pointed to his own pre-war efforts for the implementation of mental hygiene, arguing that this development had been interrupted by the war in Germany, but had continued and gained momentum in the United States and France, where it was now experiencing a breakthrough. In order not to be left behind in the international competition, Sommer implied, German and Austrian psychiatry had to revisit his own prophylactic ideas.¹³⁴

When addressing the 1925 conference of the German Psychiatric Association in Kassel, Sommer presented this argument in a more compelling way. The international movement for mental hygiene, he claimed, offered a way to reintegrate German science into the international scientific community. After 1914, German physicians and psychiatrists – including himself – had regularly described the war as a largest-scale experiment; alluding to this trope, Sommer wrote: “In the history of the sciences the great war that lies behind us has been – political, military, and economic aspects apart – a very peculiar experiment, consisting in the almost total separation (*Abschnürung*) of the German *Volk* from all international intellectual relations.”¹³⁵ In many regards, Sommer claimed, German science had stood the test and proved able to develop and flourish autonomously. In some fields, however, the “hitherto hostile foreign countries” now threatened to surpass Germany. In the United States, France, and Russia, mental hygiene had developed forcefully into an “intellectual and social movement,” while Germany stood apart and was left behind.¹³⁶ What had to be done now was to unite the existing approaches to psychiatric prophylaxis nationwide, and to bring them back into the international “politics of comparison.”¹³⁷ Well understood, this was not only a call for German psychiatry’s international reintegration, but it also implied Sommer’s own return to the international stage on which he had already been active before the war.

¹³³ Minutes of the DVPH board meeting in Berlin, 28 November 1927, Hermann Simon papers, 926/193, 1.

¹³⁴ Sommer, “Zu dem internationalen Kongress für psychische Hygiene.”

¹³⁵ Sommer, “Die nationale und internationale Organisation der psychischen Hygiene,” 391.

¹³⁶ Ibid.

¹³⁷ Kohlrausch and Trischler, *Building Europe on Expertise*, 1.

After the founding of mental hygiene associations in Germany, Austria, and Switzerland, Clifford Beers became kind of a figurehead. By praising Beers as their charismatic founder and leader, representatives of these fledgling associations presented themselves as members of a dynamic international movement led by the successful National Committee for Mental Hygiene in the United States. On the one hand, this was certainly an affirmation of the movement's internationalist aspirations; on the other hand, it was also an advertising strategy designed to bolster their reputation and legitimacy in their respective national environments. Unsurprisingly, Beers's most ardent supporter in Germany was Robert Sommer. In the first issue of the *Zeitschrift für psychische Hygiene*, he introduced Beers's achievements to an audience of German psychiatrists with an adulatory review of *A Mind That Found Itself*. He presented Beers's autobiography not only as the founding document of mental hygiene as a movement, but also as an extraordinary piece of literature "with a great wealth of characteristic words," which reminded Sommer (an amateur playwright himself) of Shakespeare. The exceptional quality of Beers's prose, Sommer claimed, was one reason why *A Mind That Found Itself* had not yet appeared as a German translation.¹³⁸

However, one should not mistake Sommer's enthusiasm for the work of Clifford Beers and his dedicated internationalist stance for the consensus among German mental hygienists. His fellow board member Hermann Simon, for example, was fairly skeptical about Sommer's scientific internationalism and the use of Clifford Beers for the association's propaganda. As he saw it, for mental hygiene in Germany, Beers was of no value as a figurehead, and his ideas were even potentially dangerous to psychiatry's professional interests. In a 1931 letter to fellow board member Hans Roemer, he wrote:

Time and again, I must urge to leave Beers out of it when possible. In the long run, he can be no mentor to us. When having read his book carefully, one has to say: his approach may perhaps be useful and economically successful for the American mentality (sensation!); for he has financed mental hygiene with his book (non olet!). That's not for our mentality! [...] Why do we still refer to Beers in all of our programmatic announcements (lately again Sommer in the short paper that he send us)? Would it not be a pathetic display of our whole aspirations if these announcements were

¹³⁸ Sommer, "A mind that found itself." Sommer had convinced a local school teacher in Gießen to translate Beers's book as part of his English classes, but the outcome went unpublished.

not to count for themselves, but were only deemed valuable because the American Beers has initiated them in a book written for America, which has totally different aims. All this, we must not utter publicly, but we can show some restraint towards Mr. B[eers].¹³⁹

Despite the use of some anti-American tropes, Simon's opposition to Beers's was more than just an expression of his staunch German nationalism, which also made him one of the most vociferous advocates of racial hygiene in the DVPH. His difference of opinion with Sommer, as well as his skeptical stance towards international networks in general, also reflected an inherent tension between the different directions of psychiatric practice united in the DVPH. Robert Sommer was a professor of psychiatry at the University of Gießen, for whom international connections were an important source of reputation in the scientific community and an inherent part of his self-understanding. For the asylum director Hermann Simon, by contrast, scientific reputation on the international stage mattered far less than the support of local and national authorities and networks. Against the backdrop of the world economic crisis, Simon had to follow another financial logic, focusing on the state funding of psychiatric institutions instead of the cultivation of international scientific networks with their costly conferences and congresses. Moreover, as an asylum director Simon was also far more sensitive to the potential dangers that Beers's ideas, and in particular his denunciation of the mistreatment of patients in psychiatric institutions, held for the interests and public reputation of the psychiatric profession. Nonetheless, Simon's disapproval of international networks went together well with his right-wing nationalist views, and, after 1933, with the official policies of the Nazi government.

Prior to 1930, Robert Sommer's internationalist position prevailed. Many of the DVPH's activities were focused on the planned international congress in Washington D.C. As far as Sommer was concerned, even the successful 1928 conference in Hamburg was mostly a "rehearsal" for the international event to come, and in fact, some of the papers given there reappeared two years later in Washington D.C., by then clumsily translated into English.¹⁴⁰ Moreover, the participation of a delegation of German mental hygienists at the international congress was also supported by state authorities. In 1928/29, the DVPH had already received 1,000 mark for its travel expenses from the *Reich* Foreign Ministry; additionally, the Ministry

¹³⁹ Hermann Simon to Hans Roemer, 21 May 1931, Hermann Simon papers, 926/141.

¹⁴⁰ Sommer, "Schlusswort."

of the Interior seems to have considerably ramped up its funding shortly before the event.¹⁴¹ Apart from the financial support, the Ministry of the Interior also backed the German delegation by designating Robert Sommer, Wilhelm Weygandt, and Hans Roemer as official delegates of the German *Reich*.¹⁴²

In the DVPH's announcement of the congress, published shortly before the delegates' departure to the United States, the gleeful anticipation is palpable.¹⁴³ Emphatically lauding a meeting that, for the first time in history, would "bring together representatives [of mental hygiene] from all nations for an exchange of their experiences and for an agreement about the aims and methods of their work," the board members announced an event that would promote international rapprochement and social progress. Probably influenced by the NCMH's propaganda and its focus on social adaption, the announcement envisioned mental hygiene overcoming its purely "defensive" prophylactic tasks and turn into a "productive" force for the wellbeing of society as a whole. Anticipating a rhetoric of positively-defined "mental health" that would only gain wider influence after the Second World War, the aim of mental hygiene was seen in "the preservation and promotion of the mental health and welfare of the individual and the community through the most rational (*zweckmäßig*) integration of the individual into the whole of society."¹⁴⁴ The existing approaches in Germany – from occupational therapy, open care, psychotherapy, social pedagogy, psycho-technical vocational counseling (*Psychotechnik*) to eugenics – were to be developed into this direction. The internationalist idealism and utopianism in the German mental hygiene movement was never as pronounced as on the eve of the first international congress. Robert Sommer lauded the mental hygiene movement for creating "humane relations between the peoples of all continents," and the board members of the DVPH joined in:¹⁴⁵

There is no nation that has nothing to contribute to the common progress, and no nation that has nothing to gain from this common progress! May the united efforts of the nations succeed in the fight against the public prejudice against the mentally ill, and

¹⁴¹ Robert Sommer to Hermann Simon, 20 February 1930, Hermann Simon papers, 926/140, 2.

¹⁴² Robert Sommer et al., "Zum Ersten Internationalen Kongreß für psychische Hygiene," *Zeitschrift für psychische Hygiene* 3, no. 2 (1930): 33.

¹⁴³ Ibid.

¹⁴⁴ Ibid., 34.

¹⁴⁵ Sommer, "Die nationale und internationale Organisation der psychischen Hygiene," 131.

everything that has to do with them, in victoriously ending the fight that no nation has ended yet, and to create a new global opinion based on modern knowledge. May the standing International Committee for Mental Hygiene, which will be the visible outcome of the congress, succeed in making the concern for mental health and general human welfare the common goal of the whole civilized world.¹⁴⁶

THE FIRST INTERNATIONAL CONGRESS ON MENTAL HYGIENE

The First International Congress on Mental Hygiene became a seminal event for the movement and marked its heyday before the Second World War.¹⁴⁷ With 3,042 registered participants from fifty-two countries, it then was the largest and the most international meeting of mental health professionals ever held. During the six days of the congress, which lasted from 5 to 10 May 1930, forty-four papers were given, covering almost all the topics that were on mental hygiene's encompassing agenda. The congress clearly documented that the mental hygiene movement had come a long way since the founding of the Connecticut Society for Mental Hygiene in 1908, on the day twenty-two years before the formal inauguration in Washington D.C. by the NCMH president William A. White. Since then, mental hygiene had developed into a movement that could mobilize thousands of professionals from psychiatry and many other fields of the psy-disciplines and public health care. Three professional organizations held their annual meetings parallel to the larger mental hygiene congress: the American Psychiatry Association, the American Society for the Study of the Feeble-minded, and the American Psychoanalytic Association. This kind of institutionalized interdisciplinary cooperation among the psy-disciplines would have been unthinkable in interwar Germany. Mental hygiene had also become a large international movement covering five continents, with representatives from twenty-two different national committees attending.¹⁴⁸ Moreover, the fact that the congress received the support of numerous US federal agencies and that Herbert Hoover (1874-1964), then the acting thirty-first President of the United States, accepted the honorary presidency,

¹⁴⁶ Sommer et al., "Zum Ersten Internationalen Kongreß für psychische Hygiene," 35.

¹⁴⁷ For the full proceedings of the congress, see Frankwood E. Williams, ed. *Proceedings of the First International Congress on Mental Hygiene, held at Washington D.C., U.S.A. May 5th to 10th, 1930*, 2 vols. (New York: The International Committee for Mental Hygiene, 1932). See also Thomson, "Mental Hygiene as an International Movement."

¹⁴⁸ At the congress, participants from forty different countries presented the state of mental hygiene efforts in their respective nations, thereby compiling perhaps the most comprehensive global overview of mental health care in 1930, see "World View of Mental Hygiene."

clearly showed that, at least in the United States, mental hygienists had successfully positioned themselves as politically recognized public health experts.¹⁴⁹

Notwithstanding its claim of being an international meeting, the hosts clearly dominated the Washington D.C. congress. In terms of total participants the United States outnumbered all other countries by far; less than ten percent of the registered participants had arrived from abroad. However, given the fact that transatlantic voyages in the 1930s were still expensive and time-consuming, the lectures may tell more about the international relations in mental hygiene than the raw number of participants. As far as the lectures were concerned, the Americans' dominance was noticeably less pronounced, but still unmistakable; twenty-eight of the forty-four papers were given by participants from the United States. Despite the tardy emergence of mental hygiene associations in the German-speaking countries, these were well represented at the congress. Eighteen German attendees were registered, making them the second-largest group of foreigners after the Canadians. Six participants had come from Switzerland, four from Austria.¹⁵⁰ Again, the number of lectures may be somewhat more elucidatory for the role of the different national delegations. With five papers, the Germans were the second-largest group of lecturers after the Americans, reflecting the standing that German psychiatry again held on the international stage.¹⁵¹

More important of course than the mere numbers, was what was actually discussed. On the whole, the program of the First International Congress for Mental Hygiene presented a movement that was mainly concerned with the reform of psychiatric institutions, the establishment of community care, and the education and adjustment of specific populations, like the "feble-minded," borderline cases, neurotics, "psychopaths," problem children and adolescents, as well as criminals. Given both the extensive program and the thorough documentation published by the International Committee for Mental Hygiene in two volumes of more than 1,500 pages in 1932, it will be neither possible nor necessary to give a comprehensive overview. Instead, I briefly highlight two of the German contributions to the

¹⁴⁹ John R. Shillady, "The Story of the Congress," in *Proceedings of the First International Congress on Mental Hygiene, held at Washington D.C., U.S.A. May 5th to 10th, 1930*, ed. Frankwood E. Williams (New York: The International Committee for Mental Hygiene, 1932), 21-22.

¹⁵⁰ *Ibid.*, 23.

¹⁵¹ Hans Roemer, "Eine humanitäre Bewegung: Der Erste Weltkongreß für psychische Hygiene," *Frankfurter Zeitung*, 20 July 1930.

congress: Hans Roemer's reflections on mental hygiene and public opinion, and Ernst Rüdin's lecture on eugenics. Both papers clearly illustrate the limitations of internationalism, and show how German mental hygienists tried to use the international congress as a stage for debates specific to German psychiatry.

Hans Roemer's talk at the Washington D.C. congress encapsulated the self-understanding of progressive German psychiatrists, and their self-ascribed role in enlightening the general public. One of the major challenges that psychiatrists had to face, Roemer argued, was the public bias against both their patients and themselves. Long-outdated prejudices against the mentally ill lived on in the public opinion, "like dark shadows, coming from a gloomy, painfully conquered past." Also, psychiatrists and their institutions were still seen in the light of conditions long overcome – "prison-like insane asylums, dark dungeons, gloomy rows of cells, cruel corporal and spiritual coercive measures." The bias against psychiatry, Roemer claimed, was kept alive by different sources, including the families of mental patients who "projected onto the asylum and the physicians" their frustration about their sick relatives, and the former patients themselves, "psychopaths" in particular, who tried "for more or less morbid reasons to stir up public opinion" against psychiatry. Furthermore, the press was also to blame. Driven by sensationalism, journalists unjustly attacked psychiatry: "They do not spare their reproaches when an insane person causes disaster; on the other hand, they like to take the part of those who complain at being confined." All these prejudices directly impaired psychiatrists' ability to treat their patients. They prevented the insane from being considered as sick people in need of treatment and brought to the appropriate facilities, helped outdated legislations to remain in effect, and the notion that psychiatric institutions were merely places of confinement effectively hindered psychiatrists' attempt to secure the necessary public funding for modern occupational therapies and open care.¹⁵²

Roemer's complaints were not a novel topic in 1930. There was a long tradition of psychiatrists seeing themselves as the ones who had to enforce a modern, scientific understanding of mental illness against outdated metaphysical, moral, and superstitious beliefs.¹⁵³ Already in the late

¹⁵² Hans Roemer, "To What Extent Does Public Opinion Help, and to What Extent Does it Impair the Work of Mental Hygiene?," in *Proceedings of the First International Congress on Mental Hygiene, held at Washington D.C., U.S.A. May 5th to 10th, 1930*, ed. Frankwood E. Williams (New York: The International Committee for Mental Hygiene, 1932), 267-71.

¹⁵³ See, for example, Kraepelin, "Hundert Jahre Psychiatrie."

nineteenth century, psychiatry had found itself in the focus of the attention of a critical public, when a first, bourgeois “anti-psychiatric” movement voiced its concerns about the abuse of psychiatric power in the asylum and the courtroom in a plethora of pamphlets and brochures, and newspapers regularly revealed scandalous conditions in psychiatric institutions. As the topic increasingly entered parliamentary debates and psychiatry’s opponents became more organized in the first decade of the twentieth century, psychiatrists discussed how the discipline’s public image could be defended.¹⁵⁴ Robert Sommer’s plans for a psychiatric department of the *Reich* health office, for example, also contained a forensic section, which would have been tasked with countering misleading press reports on the abuse of psychiatric expertise in the courtroom.¹⁵⁵ In the aftermath of the First World War, the debate intensified and politicized as the anti-psychiatrists’ rhetoric blended with that of the revolution, celebrating the end of psychiatry’s “reign of terror” in the service of the ancient régime.¹⁵⁶ Moreover, psychiatrists were not only concerned with the attacks against their discipline by political activists, but also with their fairly negative image in literature and movies. Heinrich Mann’s (1871-1950) 1917 novel *Die Armen* (“the poor”) seems to have been particularly unsettling for the psychiatrists among its readers, leading to an extensive debate in the main professional journal.¹⁵⁷

Nevertheless, Roemer’s outlook for the future was optimistic, despite all the public hostilities against his discipline. Recent years, he argued, had brought a reorientation in “the general thought of Germany,” and had led to a climate more suitable for the reform of psychiatry. Psychological knowledge in the form of the teachings of Sigmund Freud, Alfred Adler, C. G. Jung, and Ernst Kretschmer had penetrated into wider circles of the public, and prepared a fertile soil for the expansion of psychiatric social services, psychotherapy, and “a pedagogy of

¹⁵⁴ Schmiedebach, “Eine ‘antipsychiatrische Bewegung’ um die Jahrhundertwende,” 145-52.

¹⁵⁵ Sommer, “Eine psychiatrische Abteilung des Reichsgesundheitsamts,” 296.

¹⁵⁶ “Revolution im Irrenwesen,” *Die Irrenrechts-Reform* 62(1919): 160.

¹⁵⁷ Hermann Haymann, “Irrenärztliche Bemerkungen zu Heinrich Mann’s neuem Buch,” *Zeitschrift für die gesamte Neurologie und Psychiatrie* 39(1918); Wilhelm Mayer, “Bemerkungen eines Psychiaters zu den Angriffen auf die Psychiatrie in der neueren Literatur,” *Zeitschrift für die gesamte Neurologie und Psychiatrie* 44(1919); Karl Eskuchen, “Entgegnung auf die Arbeit von W. Mayer: Bemerkungen eines Psychiaters zu den Angriffen auf die Psychiatrie in der neueren Literatur,” *Zeitschrift für die gesamte Neurologie und Psychiatrie* 46(1919); Hermann Haymann, “Offener Brief an Herrn Dr. Karl Eskuchen in München-Schwabing,” *Zeitschrift für die gesamte Neurologie und Psychiatrie* 46(1919); Wilhelm Mayer, “Bemerkungen zu Eskuchens Entgegnung,” *Zeitschrift für die gesamte Neurologie und Psychiatrie* 46(1919); Karl Eskuchen, “Bemerkungen zu dem Offenen Brief usw. (Bd. 46, S. 146 dieser Zeitschrift),” *Zeitschrift für die gesamte Neurologie und Psychiatrie* 50(1919).

cure aiming at a thoughtful self-government.”¹⁵⁸ Moreover, Roemer claimed, the post-war crisis had also increased the need for a “systematic economy of human beings,” which had found its expression in the gradual reshaping of German welfare, health care, and penal legislation.¹⁵⁹ This, still ongoing shift in public opinion would eventually allow for the development of psychiatry into an integrated part of public health and social services, transforming the psychiatrist from the alienist of old into a public health and welfare expert with a strong influence on state legislation.¹⁶⁰

Ernst Rüdin’s lecture on eugenics revealed the growing discrepancies between the trajectories of mental hygiene in the United States and in Germany. The only paper on eugenics at a congress otherwise dominated by ideas of community care, adjustment, and institutional reform, it showed where the German mental hygiene association, and German psychiatry in general, were headed in the next years.

At the time of the Washington D.C. congress, the Swiss-born Ernst Rüdin (1874-1952) was already the most eminent psychiatric geneticist and the most influential propagandist of eugenics in Germany. As he continued to play an important role for German mental hygiene, it will be useful to briefly sketch out his biography. From the beginning of his scientific career on, Rüdin had tried to unite research with public activism. In 1905, together with his brother-in-law Alfred Ploetz (1860-1940), he was one of the founders of the Society for Racial Hygiene (*Gesellschaft für Rassenhygiene*). In the following years, he followed his teacher Emil Kraepelin in his diagnosis of an impending “degeneration” of the German nation, and advocated systematical, state-conducted eugenics for its prevention, including the sterilization of alcoholics and the mentally ill. In 1917/18, he became the director of the genealogic-demographical department of Kraepelin’s newly founded German Research Institute for Psychiatry (*Deutsche Forschungsanstalt für Psychiatrie*, DFA) in Munich, the first research facility for psychiatric genetics worldwide. After a short period as chair for psychiatry at the

¹⁵⁸ Roemer, "Public Opinion," 273.

¹⁵⁹ Roemer probably took his conceptual cue from the early Austrian sociologist and eugenicist Rudolf Goldscheid (1870-1931), who had introduced the notion of an “economy of human beings” (*Menschenökonomie*) before the First World War, see Rudolf Goldscheid, *Entwicklungswertheorie, Entwicklungsökonomie, Menschenökonomie: Eine Programmschrift* (Leipzig: Werner Klinkhardt, 1908); Rudolf Goldscheid, *Höherentwicklung und Menschenökonomie: Grundlegung der Sozialbiologie* (Leipzig: Werner Klinkhardt, 1911). See also Hubenstorf, "Sozialmedizin, Menschenökonomie, Volksgesundheit."

¹⁶⁰ Roemer, "Public Opinion," 279.

University of Basel after 1925, he returned to Munich in 1928, when his demands for a triplication of the budget of the genealogic-demographical department were met, reflecting the importance that the state and non-state sponsors of the DFA attributed to Rüdin's research. In 1931, he became the director of the whole DFA. The transfer of power to the Nazis in 1933 intensified Rüdin's alliance with the state; in 1933, he became chairman of the renamed German Association for Mental Hygiene and Racial Hygiene, in 1935 the *Reich* leader (*Reichsführer*) of the neurological and psychiatric professions. Rüdin was one of the central figures of Nazi psychiatry, and decisively participated in creating the scientific and institutional framework for the systematic killing of mental patients.¹⁶¹

Rüdin's 1930 lecture in Washington D.C. was mainly an attempt to incorporate the nascent movement for mental hygiene into his own agenda of psychiatric eugenics – a move that, as the following years would show, was eventually successful in Germany. As Rüdin incorrectly claimed, until now the mental hygiene movement had focused almost exclusively on the well-being and health of "those already born." Caring for the mentally ill and preventing the development of mental disorders in still healthy, but threatened individuals was important but, in Rüdin's eyes, it also meant that preventive measures had come too late: "It would be better, however, if such persons were not born at all, and that calls for eugenics."¹⁶² Following a rationale of rationalization, he argued that by preventing hereditary mental illness by means of eugenics, mental hygiene could more effectively focus its resources on those people for whom preventive measures aimed at environmental factors could actually make a change. In hindsight, Rüdin's 1930 proposal with its sharp distinction between those patients that could be treated and those that were not supposed to live clearly pointed into the direction of Nazi psychiatry with its characteristic dialectic of "healing and annihilation."¹⁶³ Nevertheless, Rüdin did not yet

¹⁶¹ This biographical sketch follows Roelcke, "Ernst Rüdin." See also Roelcke, "Psychiatrische Wissenschaft." In his 2012 article, Roelcke argues strongly and convincingly against the more exculpatory position taken by Matthias M. Weber, see Weber, *Ernst Rüdin*.

¹⁶² Ernst Rüdin, "The Significance of Eugenics and Genetics for Mental Hygiene," in *Proceedings of the First International Congress on Mental Hygiene, held at Washington D.C., U.S.A. May 5th to 10th, 1930*, ed. Frankwood E. Williams (New York: The International Committee for Mental Hygiene, 1932), 473. For the German text that Rüdin translated for his lecture at the congress, see Ernst Rüdin, "Die Bedeutung der Eugenik und Genetik für die psychische Hygiene," *Zeitschrift für psychische Hygiene* 3(1930).

¹⁶³ This notion – *Heilen und Vernichten* – was introduced by historian Hans-Walter Schmuhl, see Hans-Walter Schmuhl, "Die Genesis der 'Euthanasie': Interpretationsansätze," in *Die nationalsozialistische "Euthanasie"-Aktion T4 und ihre Opfer: Geschichte und ethische Konsequenzen für die Gegenwart*, ed. Maike Rotzoll, et al. (Paderborn et al.: Ferdinand Schöningh, 2010), 69-71; Schmuhl, *Rassenhygiene, Nationalsozialismus, Euthanasie: Von der Verhütung zur Vernichtung "lebensunwerten Lebens," 1890-1945*.

go as far as to advocate coercive sterilization or the killing of mental patients. In line with earlier statements, he argued that marriage counselling and voluntary sterilization would be the best way to achieve his eugenic goals.¹⁶⁴ His ambiguous and conspicuously tactical statement – “At this time, I personally should not care to consider any coercive measures” – was far apart from Robert Sommer’s categorical and moral rejection of coercive eugenics.¹⁶⁵ When the political opportunity to enforce a more radical approach presented itself in 1933, Rüdin was ready to act without hesitation.¹⁶⁶ In an equally elusive manner, Rüdin affirmed the global reach of the eugenics program without subscribing to internationalism in science and public health:

I am of the opinion that mental hygiene and eugenics should be of equal interest for all social classes, races, peoples and countries. May every people, every race, every country work independently in these matters in order to attain to the high aims set by mental hygiene and, within it, by eugenics.¹⁶⁷

To an American audience, some parts of Rüdin’s paper may well have seemed like charging an open door. Even before the First World War, eugenics were well-established in the United States and a broad range of different organizations advocated the sterilization of the “unfit.” When Rüdin crossed the Atlantic to propagate eugenics, twenty-four states had already passed sterilization laws, which often also allowed for coercive measures.¹⁶⁸ In the context of the mental hygiene movement, however, the situation was more complicated. As has been described in more detail in previous sections of this chapter, US mental hygienists had initially been part of the large alliance for eugenics, but increasingly shifted their position from nature to nurture when environmentalist approaches moved to the fore after the First World War. In 1930, the NCMH’s activities were largely focused on the educational (re-)adjustment of specific populations of mental patients and borderline cases, on community care, and on mental health education and counselling for the general population.

¹⁶⁴ See, for example, Ernst Rüdin, "Erbbiologisch-psychiatrische Streitfragen," *Zeitschrift für die gesamte Neurologie und Psychiatrie* 108(1927): 296.

¹⁶⁵ Rüdin, "The Significance of Eugenics and Genetics for Mental Hygiene," 483.

¹⁶⁶ Roelcke, "Ernst Rüdin," 306.

¹⁶⁷ Rüdin, "The Significance of Eugenics and Genetics for Mental Hygiene," 483.

¹⁶⁸ Downbiggin, *Keeping America Sane*; Kline, "Eugenics in the United States."

Hence, Rüdin's attempt to unite mental hygiene and eugenics came at a time when, in the United States, both movements had in fact drifted furthest apart. Positioning itself against the rampant social Darwinism, and implicitly also against the therapeutic pessimism on which eugenics were based, the preamble of the American Foundation for Mental Hygiene propagated the potentials of scientific progress instead:

Science takes exception to the law that only those whom nature deems the fittest shall survive. [...] The knowledge so gained forms a sacred trust of civilization for the maintenance of the strong, for the refitting of the weak and sick to their health and opportunity, and for their deliverance to a useful life in the community and that pursuit of happiness which is the proper promise of creation.¹⁶⁹

Consequently, Rüdin's attempt to unify mental hygiene and psychiatric eugenics received mixed reactions at the congress. Charles B. Davenport, one of the most eminent US eugenicists, unsurprisingly came out in strong support of Rüdin. By contrast, Abraham Myerson (1881-1948), professor of neurology at Tufts College and director of research at the Boston State Hospital, vehemently criticized Rüdin's disregard for environmental factors. He also attacked the core of Rüdin's reasoning when he questioned the underlying Kraepelinian nosology, arguing that diseases like dementia praecox and schizophrenia were not stable units from which laws of heredity could be derived, but "loosely defined and ill-understood entities" in a "classification that is changing year by year."¹⁷⁰

The controversial debate on eugenics and adjustment showed that the question of nature and nurture was the main unresolved problem of the international movement for mental hygiene. While individuals like Robert Sommer were able to bridge the gap between different approaches for themselves, the movement as a whole could not. In the following years, this inherent fault line of the movement became one of the reasons for its gradual dissolution before the Second World War. In 1930, the general outlook was still highly optimistic. Among the participants of the First International Congress, the consensus was that this was merely the beginning of mental hygiene's global rise. Clifford Beers was enthusiastic about the success of the congress and the confirmation of his role as the charismatic leader of an international

¹⁶⁹ Williams, *Proceedings of the First International Congress on Mental Hygiene*, i.

¹⁷⁰ Rüdin, "The Significance of Eugenics and Genetics for Mental Hygiene," 490.

movement. His next trip, he wrote in a circular letter to representatives of the various national associations, would lead him to New Zealand and Australia onboard the S.S. Aorangi – “a 22,000 ton liner capable of floating the founder of the mental hygiene movement!” – to propagate his ideas there. In Beers’s optimistic outlook, the humanitarian progress of mental hygiene would proceed alongside the advance of technology:

When travel by airplane becomes absolutely safe, we shall expect a large number of members of the International Committee to come to annual celebrations of our National Committee, and I hope to live long enough to see air traveling so safe that I can fly to different parts of the world to attend meetings of the various mental hygiene organizations which are part of our international work.¹⁷¹

Consequently, one of the major items on the agenda of the congress had been the founding of the International Committee for Mental Hygiene (ICMH), tasked with fostering the global spread of mental hygiene.¹⁷² The International Committee had been in process of planning for more than a decade, before the Washington D.C. congress offered the possibility to gather most of the world’s leading mental hygienists at one place for a founding meeting. Its professed goal was to provide a common organizational framework for the many existing national mental hygiene associations, to support the creation of new ones, and thereby to help transform mental hygiene into a truly international and global movement. It was to

encourage and promote in every country the establishment of a duly authorized voluntary national society for mental hygiene, for the conservation of mental health, the reduction and prevention of nervous and mental disorders and mental defect, the scientific and humane care and treatment of those suffering from any of these disorders.¹⁷³

The ICMH’s internationalism was, however, not without some limitations. Like the 1930 congress during which it was founded, the committee was conspicuously dominated by mental

¹⁷¹ Clifford W. Beers, “To Those Interested in the International Work,” 18 December 1930, Hermann Simon papers, 926/140, 5.

¹⁷² “The Founding of the International Committee for Mental Hygiene.”

¹⁷³ *Ibid.*, 43.

hygienists from the United States. Its president, chairmen, treasurer, and general secretary were all Americans, and so was the majority of the members of the governing board and council. The committee's founding document explicitly stated that its permanent secretariat was to be set up in the United States.¹⁷⁴ Moreover, the whole approach of the ICMH clearly was derived from a form of philanthropism specific to the United States, relying strongly on lay participation and private donations. The ICMH's organizational structure and objectives closely followed those of the National Committee for Mental Hygiene (NCMH), which had been at the center of the American movement's meteoric rise in the previous decades. Insofar, the founding of the ICMH was an attempt to transfer a model of philanthropy that had first been successful in the United States to the rest of the world.¹⁷⁵

Nevertheless, and despite its inherent bias, it would be unjust to imply that the ICMH was a tool for "cultural imperialism," as Mathew Thomson has done in the only existing historical study on the committee and its activities.¹⁷⁶ On the one hand, the notion of "cultural imperialism" poses more questions than it actually answers, as it seems to imply that the ICMH's activities were part of a coherent and intentional state-led agenda, illegitimately trying to supersede indigenous approaches to psychiatric prophylaxis and institutional reform abroad. This was clearly not the case. While the ICMH was dominated by American mental hygienists and tried to export a form of philanthropism based on the model of the United States, it was not part of any formal or informal state policy that would allow to apply this concept. Moreover, unlike, for example, the German Association for Mental Hygiene, the ICMH did not receive state funding, but relied on private donations. On the other hand, despite the strong role of American mental hygienists, the ICMH can nonetheless be rightly described as a truly international affair. With the exception of the leading functionaries mentioned above, among the numerous vice presidencies, honorary presidencies, boards and councils members were mental hygienists from many countries and continents, so that the ICMH could in fact claim to represent mental hygiene as an international, and even global movement. Most of the leaders of the numerous national organizations were connected to the ICMH in one way or another. From the German-speaking countries, Robert Sommer was one of the committee's six vice-presidents and a member of the governing board and the executive committee, while Josef

¹⁷⁴ Ibid.

¹⁷⁵ Thomson, "Mental Hygiene as an International Movement," 283-84.

¹⁷⁶ Ibid., 283.

Berze, Hans Roemer, and André Repond represented the Austrian, German, and Swiss mental hygiene organizations, respectively, in the role of honorary vice presidents of the ICMH.

The decision to hold the next large-scale international congress on mental hygiene in Paris, France, underlined the ICMH's internationalist commitment in the wake of the Washington D.C. congress. But the international movement would not be able to repeat this success. Initially planned to take place in 1933, the Paris congress was postponed several times for organizational and financial reasons, and eventually only took place in 1937.¹⁷⁷ By then, the political landscape had fundamentally changed. Against the backdrop of rising political tensions and the ongoing Spanish civil war, the number of participants did hardly exceed one-tenth of those of the Washington D.C. congress. Moreover, as the following section will examine in more detail, the German branch of the international movement had drifted further apart from the US-led international movement. Unlike in 1930, in 1937 the optimistic rhetoric of mutual progress could not cover any more the centrifugal forces that had existed in the movement from the beginning on.

¹⁷⁷ Clifford W. Beers, "To Those Interested in the International Work," 18 December 1930, Hermann Simon papers, 926/140, 7. For the program of the congress, see "Der II. Internationale Kongreß für psychische Hygiene," *Zeitschrift für psychische Hygiene* 9, no. 4 (1936).

CHAPTER VI – RISING TENSIONS: MENTAL HYGIENE IN THE 1930S

INTRODUCTION

At the First International Congress on Mental Hygiene in Washington D.C. in 1930, the movement's vision of the future was highly optimistic. "The outlook is bright and the possibilities are great in the whole field of mental hygiene," Lieutenant Colonel John Robert Lord (1874-1931), one of the British delegates, emphatically declared.¹ This perspective was not limited to Britain and the United States, but shared by the vast majority of delegates from all over the world. Mental hygiene seemed to be on the rise, and overcoming the problem of mental illness only a question of time. Wilhelm Weygandt, leader of the German delegation, even ventured a very precise long-term prognosis: "If mental hygiene shows the same great gains in the next four thousand years as in the last, in the year 5930 there will be no more cases of insanity [...]."²

Weygandt's utopian exuberance was not shared by everyone, but the experience of mental hygiene as a booming international movement stimulated the local branches in Europe, as did the prospect of similar congresses in the future. Shortly after the return of the German delegation from Washington D.C., the German Association for Mental Hygiene's board member Hermann Simon penned a detailed list of the association's next steps.³ Apart from disseminating the results of the international congress through various channels, Simon was particularly concerned with strengthening the association's connections with other actors in the field of mental and public health care, namely with different organizations in psychiatry and neurology, in other fields of hygiene, as well as with state and municipal authorities. The association would also have to intensify its public outreach for both professional and lay audiences. Moreover, Simon noted, mental hygienists had to identify and formulate their actual demands and ideas in a more positive way, with regards to education, sexual reproduction,

¹ "World View of Mental Hygiene," 103.

² Ibid., 102. Weygandt saw the beginning of "mental hygiene," used here as a synonym for mental health care in the broadest sense, in ancient Egypt; a view still held by some medical historians today, Mark Jackson, *The History of Medicine: A Beginner's Guide* (London: Oneworld Publications, 2014).

³ "Vorschläge für die weitere Arbeit des Verbandes," Hermann Simon papers, 926/141.

vocational choices, recreation and sports, but also “culture, civilization, and art,” as well as its general “world view.”

Less than in the United States, a clearly defined consensus about what “mental hygiene” actually meant did not emerge in the German-speaking countries during the interwar period. Nevertheless, at the beginning of the 1930s, several attempts were made to bring together and systematize the outlook of mental hygiene. In Austria, Erwin Stransky published a “guide to mental hygiene” (*Leitfaden der psychischen Hygiene*) in 1931, in which a number of mostly Viennese authors discussed various aspects of mental hygiene, including its relation with psychiatry, psychotherapy, and other fields of hygiene, as well as its intended impact on education, sexual reproduction, eugenics, criminology and “contemporary civilization” in general.⁴

In the same year, the German psychiatrists Oswald Bumke, Gustav Kolb, and Hans Roemer, together with Eugen Kahn, who in 1929 had left Germany for a position as Professor of Psychiatry and Mental Hygiene at Yale, published another, even more comprehensive “dictionary of mental hygiene and psychiatric care” (*Handwörterbuch der psychischen Hygiene und psychiatrischen Fürsorge*).⁵ In seventy-two entries on more than 400 pages, leading psychiatrists and hygienists from Germany and Switzerland discussed a very broad range of topics. The reform of the mental health care system and eugenics took up the most space, but numerous other articles on less prominent aspects of mental hygiene – from food, clothing, and the prevention of noise to the psychiatric dimension of the relation of community and society, of love and the joy in life – document as how encompassing its protagonists envisioned the new discipline to become. The dictionary also documented that there hardly was a definition of “mental hygiene” on which all of its authors could have agreed. Moreover, the publication of the dictionary itself was a sign of rifts in the German movement for mental hygiene. One member of the DVPH’s board, Gustav Kolb, was among the editors, and two other board members, Hermann Simon and Hans Roemer, had contributed articles. The dictionary had bypassed Robert Sommer’s plans for an “international guide to psychiatric prophylaxis and

⁴ Stransky, *Leitfaden der psychischen Hygiene*.

⁵ Bumke et al., *Handwörterbuch der psychischen Hygiene*. On Eugen Kahn, see Roelcke, “Psychiatry in Munich and Yale, ca. 1920-1935: Mutual Perceptions and Relations, and the Case of Eugen Kahn (1887-1973).” For the contemporary reception of the dictionary, see Heinrich Kogerer, “Handwörterbuch der psychischen Hygiene und der psychiatrischen Fürsorge,” *Zentralblatt für Psychotherapie* 4, no. 3 (1931).

mental hygiene" (*Internationaler Leitfaden für psychiatrische Prophylaxe und psychische Hygiene*) that was supposed to be published soon. Sommer's 300-odd page manuscript eventually went unpublished.⁶

Together with the national and international conferences and congresses, and the publication of a specialized journal, the simultaneous appearance of two handbooks gave the impression that mental hygiene entered the 1930s as a discipline on the rise. The last decade had seen the emergence and professionalization of a previously unseen number of actors in the wider area of mental health care and psychiatric prophylaxis, which was not limited to psychiatrists but also included numerous pedagogues, care workers, and public health officials. Mental hygiene promised to join and foster these activities, while at the same time ensuring psychiatrists' leadership in the field.⁷ There was a conspicuous gap between the aspirations that were expressed in conference papers and programmatic articles and their implementation. In contrast to many of mental hygienists' high-flying plans, the realities on the ground were sobering. One important reason was the economic situation. The global economic crisis had hit the Weimar Republic hard, and with soaring unemployment and dwindling state revenues, the welfare system came under intense pressure. Psychiatry, and institutional care in particular, were struck by the onset of the depression as massive budget cuts threatened to unravel the results of reforms that had only really begun in the second half of the 1920s.

The movement for mental hygiene was directly affected by these developments. Worldwide, the economic crisis made transatlantic voyages and large-scale international conferences unaffordable, so that the internationalist seeds that had been planted in 1930 in Washington D.C. never came to fruition. In Germany, the world economic crisis triggered a momentous change in priorities, shifting mental hygienists' attention from institutional reform to active eugenics. Many German psychiatrists, including some of the later leaders of the emerging movement for mental hygiene, had already proposed eugenics as the ideal way to psychiatric prophylaxis from the turn of the century on. The German Association for Mental Hygiene,

⁶ UAG, Robert Sommer papers, Vol. 25. Notably, the prominent psychotherapist Johann Heinrich Schulz did not contribute to Bumke et al.'s dictionary because Sommer was not part of it, see UAG, Robert Sommer papers, Vol. 67, 1052-1054.

⁷ Franz Sioli, "Ausbildung der mit psychischer Hygiene befaßten Personenkreise," in *Handwörterbuch der psychischen Hygiene und der psychiatrischen Fürsorge*, ed. Oswald Bumke, et al. (Berlin and Leipzig: Walter de Gruyter, 1931).

however, was initially a mouthpiece of the reform ideas such as open care and occupational therapy, which were championed by its board members Gustav Kolb and Hermann Simon, respectively. The speakers at the first German conference on mental hygiene in 1928 had advocated institutional reform, the extension of psychiatry's welfare activities, and had stressed the importance of counselling and education. By contrast, the second conference, which took place in 1932, was entirely devoted to eugenics as a means of psychiatric prophylaxis. Even before the Nazis made compulsory sterilizations on eugenic indications a part of state policy in 1933, German psychiatrists and mental hygienists were already in line. This section examines mental hygiene's momentous paradigm shift at the turn from the 1920s to the 1930s. In particular, it shows that the rise of the eugenics paradigm was not simply a break away from earlier reform ideas, but that institutional reform, new therapeutics, and eugenics were in fact intricately connected.

REFORM AND EUGENICS

Against the backdrop of widespread poverty and an apparent dissolution of social norms, the expensive confinement and treatment of the mentally ill seemed less relevant and affordable in the late 1920s and early 1930s than in the years before. Regardless of the therapeutic optimism of the recent years, state officials again saw the main function of psychiatric institutions in confinement and social control. These new priorities became clearly visible in the 1931 police administration law (*Polizeiverwaltungsgesetz*), which – to the great displeasure of the psychiatric profession – confirmed that the responsibility for the decision to confine the insane lay exclusively with the police, and ignored medical indications in favor of a rationale of public safety. The decline of German psychiatry and the shift back to confinement directly affected the patient numbers and the average duration of their stay: In 1929, the asylums had reached their highest capacity yet, treating more than 300,000 patients a year while reducing the average length of stay to six months. By 1932, the total number of patients had dropped by 50,000, and with 218 days the average length of stay increased by almost a month, climbing back to its pre-1914 level.⁸

⁸ Siemen, "Reform und Radikalisierung," 193; Siemen, *Menschen blieben auf der Strecke*, 63, 99-102.

In this desperate situation, eugenics seemed to offer a way out of the impasse. For several decades, the proponents of eugenics and racial hygiene had sedulously asserted that the most effective and economic way to deal with mental illness was not to treat individual patients, but to target the national population as a whole. Instead of the expensive confinement and therapy of individual mental patients, eugenicists promised to prevent mental illness before it could become a burden and a menace to society. In the main, this argument had been at the core of eugenicists' propaganda since the end of the nineteenth century; in times of economic and political crisis, both medical colleagues and political decision makers were far more likely to lend an ear. In the natal crisis of the Weimar Republic in 1918/19, numerous psychiatric articles and pamphlets had propagated eugenics for the reconstruction of the nation after the lost war. Although it never completely vanished from the debate during the 1920s, in the republic's final crisis, eugenics moved to the fore again, now as a way to cut psychiatry's costs and to subject the care for the insane to the imperative of rationality and efficiency.⁹

The same was also true for the most radical variety of eugenic thinking, which did not only want to prevent future generations of mental patients from being born, but also to get rid of those already living. In 1920, jurist Karl Binding and psychiatrist Alfred Hoche had contemplated the "destruction of life unworthy of life" (*Vernichtung lebensunwerten Lebens*) in their now notorious treatise.¹⁰ After a heated and often critical debate, Binding and Hoche's foray moved to the back of the debate as German post-war economy and society consolidated and more optimistic perspectives regarding the treatment of the insane dominated the psychiatric debate in the course of the 1920s. Against the backdrop of the economic crisis, however, the idea of ridding the nation of the burden of the mentally deficient regained its momentum.¹¹ Exemplary for this momentous shift in the orientation of German psychiatry was a 1932 article by Berthold Kihn (1895-1964), professor of psychiatry in Erlangen. As Kihn argued, a "more radical approach against the inferior" was needed. The current economic crisis did not allow for any waste of resources, and "among the needless expenses we have to count

⁹ For a contemporary overview of the debate in the mid-1920s by one of the more radical proponents of racial hygiene, see Robert Gaupp, "Die Unfruchtbarmachung geistig und sittlich Minderwertiger: Erweitertes Referat, erstattet auf der Jahresversammlung des Deutschen Vereins für Psychiatrie am 2. September 1925 in Kassel," *Zeitschrift für die gesamte Neurologie und Psychiatrie* 100(1926).

¹⁰ Binding and Hoche, *Die Freigabe der Vernichtung lebensunwerten Lebens: Ihr Maß und ihre Form*.

¹¹ Siemen, *Menschen blieben auf der Strecke*, 104-06.

the sustainment of ballast existences (*Ballastexistenzen*) (Hoche) by public means.”¹² In the following year, the Nazis’ rise to power offered radical eugenicists the possibility for a political alliance that would enable them to realize their long-held aspirations. On 14 July 1933, the Law for the Prevention of Hereditarily Diseased Offspring (*Gesetz zur Verhütung erbkranken Nachwuchses*), which allowed compulsory sterilizations for a variety of purportedly hereditary diseases, was published; it came into effect on 1 January 1934.¹³ The killing of the mentally ill, although overtly propagated by numerous psychiatrists and racial hygienists for some decades, was a moral transgression and taboo break on another scale. The mass murder of psychiatric patients and disabled persons in the different “euthanasia” programs only began in 1939 and in relative secrecy.¹⁴

It may be tempting to simply juxtapose the crimes of Nazi psychiatry to the reform programs of Weimar psychiatry. However, to describe psychiatry’s radicalization and the triumph of the eugenic paradigm in the 1930s as a break away from earlier, more humane reform ideas would be a mistake. Certainly, eugenics and Nazi “euthanasia” were not identical, and many eugenicists – like, for example, the DVPH board member Hans Roemer – supported eugenics, but opposed the idea of killing the mentally ill in the name of racial hygiene.¹⁵ Nonetheless, historians have repeatedly and compellingly pointed out the considerable intellectual and personal continuities between Weimar and Nazi psychiatry and eugenics. Moreover, as the history of the mental hygiene movement in the German-speaking countries may illustrate with exceptional clarity, institutional reform, new therapeutic approaches, and eugenics were by no means mutually exclusive. Robert Sommer, for example, understood mental hygiene as a two-pronged strategy that necessarily had to include the prevention of both “endogenous” and “exogenous” mental disorders; the former through research in heredity and eugenics, the latter through changes in individual and collective life styles.¹⁶ Leading eugenicists like Ernst Rüdin

¹² Berthold Kihn, "Die Ausschaltung der Minderwertigen aus der Gesellschaft," *Allgemeine Zeitschrift für Psychiatrie* 98(1932): 394; Siemen, *Menschen blieben auf der Strecke*, 105.

¹³ The law, which came into effect on 1 January 1934, was also published in the mental hygienists’ journal, see "Gesetz zur Verhütung erbkranken Nachwuchses vom 14. Juli 1933," *Zeitschrift für psychische Hygiene* 6, no. 5 (1933).

¹⁴ For the most comprehensive overview of the extensive research in the field, see Maike Rotzoll et al., eds., *Die nationalsozialistische "Euthanasie"-Aktion T4 und ihre Opfer: Geschichte und ethische Konsequenzen für die Gegenwart* (Paderborn et al.: Ferdinand Schöningh, 2010).

¹⁵ Volker Roelcke, "Hans Roemer (1878-1948)," *Der Nervenarzt* 84, no. 9 (2013); Schmuhl, "Die Genesis der 'Euthanasie'," 67-69.

¹⁶ Sommer, "Die nationale und internationale Organisation der psychischen Hygiene," 130.

and his colleague Hans Luxenburger used very similar arguments when they propagated their agenda in front of psychiatric audiences.¹⁷

The idea that eugenics and new therapeutics were two sides of the same coin became widespread among German-speaking psychiatrists in the late 1920s and early 1930s. As Hans-Ludwig Siemen has convincingly argued, there was in fact a close connection between the new therapeutics and eugenics in the late Weimar republic. The introduction of new therapeutic methods and the promise to treat and cure at least some groups of mental patients also created, by implication, a sharp distinction between “curable” and “incurable” patients. At the same time, psychiatry’s therapeutic advances also triggered a “therapeutic actionism,” which reinforced the aspiration that the problem of mental illness could be solved for good. Consequently, Siemen has pointed out, the suitability of individual patients for occupational therapy became the most important criterion in the selection of psychiatric inmates for annihilation in the “T4” program.¹⁸ More recent research has also taken into account the role of the new somatic cures, like electroconvulsive therapy (ECT) and insulin coma therapy (ICT), which entered psychiatrists’ armory in the 1930s, and has largely confirmed this interpretation.¹⁹

“NATION, TOUGHEN UP!”

Arguably, the best example for the intricate connection of mental hygiene, institutional reform, and psychiatry’s eugenic radicalization are the writings of Hermann Simon, who in 1929 began to systematically reflect on the broader implications of his approach to the reform of institutional care.²⁰ In the early 1920s, Simon’s concept of “more active therapy” had made him one of the most prominent advocates of institutional reform; a reputation that also led Robert Sommer to invite Simon to join the board of the German Association for Mental Hygiene in 1927.²¹

¹⁷ Siemen, *Menschen blieben auf der Strecke*, 119-23.

¹⁸ Siemen, "Die Reformpsychiatrie der Weimarer Republik," 107.

¹⁹ Gerrit Hohendorf, "Therapieunfähigkeit als Selektionskriterium: Die 'Schocktherapieverfahren' und die Organisationszentrale der nationalsozialistischen 'Euthanasie' in der Berliner Tiergartenstraße 4, 1939-1945," in *"Heroische Therapien:" Die deutsche Psychiatrie im internationalen Vergleich 1918-1945*, ed. Hans-Walter Schmuhl and Volker Roelcke (Göttingen: Wallstein, 2013).

²⁰ For a more detailed discussion of Simon’s political thought, see also Walter, "Hermann Simon."; Walter, *Psychiatrie und Gesellschaft*, 266-76.

²¹ Robert Sommer to Gustav Kolb and Hermann Simon, 8 June 1927, Hermann Simon papers, 926/139.

Simon's "more active therapy" relied strongly on the consistent use of occupational therapy, but from the beginning on, the underlying notion of work was double-edged. On the one side, occupational therapy probably improved the conditions for parts of the asylum population in comparison with previous attempts to immobilize and sedate them. Simon's approach fitted the needs of mid-1920s Weimar psychiatry on different levels. It promised to reduce patients' length of stay in the asylum, to have them contribute to the operations of the institution, and to prepare them to be reintegrated into working life and society, all of which would help to reduce the economic burden of the insane for both the healthcare system and society as a whole. At the same time, "more active therapy" also related to a political idea of labor as a citizen's duty. On the other side however, Simon's approach also widened the gap between those patients who were able to work and those who were not. His work ethics linked the value of a human being to his or her ability and willingness to work, and the notion that some patients could be cured ultimately prepared the dehumanization of others. In his 1929 treatise on the philosophical implications of "more active therapy," he claimed that the reform of institutional care might have an unwelcome side-effect. Keeping the patients active kept them in a better shape, extending the life-span of the sick and elderly, and thus contributing to the overcrowding of the asylums. As he insinuated, passive euthanasia by denying some patients the benefits of the new treatment methods was a legitimate choice:

If we were to keep all these highly senile and the other "weak ones" in bed, there is no doubt that within a year most of them [...] would have their bronchopneumonia or cardiac insufficiency, and perish. What if this were my conviction, and I would nonetheless keep them lying in bed, how does this relate to § 211 of the penal code [which sanctioned abandonment (*Aussetzung*)]? I am not joking; and even less do I think of accusing colleagues who think and act different than I do of a criminal offence.²²

Simon's approval of neglecting patients and leaving them for dead seems in stark contrast to the therapeutic optimism that could be expected from one of the most eminent psychiatric reformers of his time. Despite his campaigning for the reform of institutional care, Simon was in fact, and somewhat paradoxically, highly skeptical about contemporary advances in mental

²² Hermann Simon, *Aktivere Krankenbehandlung in der Irrenanstalt* (Berlin and Leipzig: Walter de Gruyter, 1929), 147.

health care, and medical care in general. In his 1929 treatise, he included “more active treatment” in a worldview that was equally based on a social-Darwinist notion of the survival of the fittest, a dichotomist juxtaposition of health and sickness, and a utilitarian understanding of medicine, in which the national collective and the healthy individual took precedence over the sick patient.

Reacting both to the political and economic crisis and his frustration about the practical limits of “more active therapy,” he laid out a voluntaristic notion of sickness, which morally blamed sick and weak patients for their inability and alleged unwillingness to participate in occupational therapy. Based on this notion of mental illness as a moral problem, occupational therapy became a pedagogical intervention. The prevalent approach in the treatment of the insane, Simon argued, was to keep patients calm and passive, thereby allowing them to continue to be weak and sick, and to develop an egoistic sense of entitlement. “More active therapy,” by contrast, was supposed to foster the healthy aspects of patients’ personalities, to teach them self-sufficiency, and to show them that they could still contribute to the community instead of relying on it. While “more active therapy” had emerged in the context and as part of the Weimar welfare state, Simon saw it as a way to counteract an excess of welfare that reallocated scarce resources from the healthy to the sick and actively created incentives for sickness. A healthier society, Simon believed, could not be achieved with more medicine, but only with less. In a 1931 letter to fellow DVPH board member Hans Roemer, he probingly asked:

A private question: Could it be that we physicians exaggerate the fight against death, and its forward post, sickness?? Do we fight this battle with means which, even when the best possible result is achieved, are out of proportion? [...] I gradually come to realize that a good part of mental hygiene, if it really is supposed to benefit a nation, should consist in renouncing the exaggerations of modern medicine. But what a hornets’ nest we would get in!²³

Mental hygiene, as Hermann Simon came to envision it in the late 1920s, did not only target mental patients, but the nation as a whole. Translating his experiences from the asylum into a social-Darwinist view of society, he vehemently argued against the softening effects of modern

²³ Hermann Simon to Hans Roemer, 23 June 1931, Hermann Simon papers, 926/141.

life, culture, and civilization. Spoiling and pampering mental patients, Simon claimed, would not cure them, but would create additional and worse symptoms instead; the same being true for civilized life in general, which weakened individuals' and the nation's fitness in the constant "struggle for survival." The alliance of modern medicine and the welfare state acted against nature, undermining the health of those still healthy, and burdening them with the care for the sick, until the sick would finally overcome the healthy. In this apocalyptic scenario, Simon believed that the German movement for mental hygiene had to stem the tide, advocating the laws of nature, and defending the healthy against the sick: "Our efforts have again to come to the relief of *health*, which today is almost helpless against the burden of everything weak and inferior."²⁴

Simon's social-Darwinist vision of mental hygiene, which became the dominant topic in his correspondence with the other board members in the late 1920s, was rooted in a profound sense of national crisis. The nation, and not the sick individual, became the center of Simon's understanding of mental hygiene. Laying out his ideas for the future of the DVPH in a 1929 letter to Robert Sommer, he wrote: "Mental hygiene must work towards an education of a tough and vigorous people, which is able to stand up to the hard times that await us."²⁵ The phrase "Nation, toughen up!" (*Volk, werde hart!*) became Simon's frequently repeated mantra in the early 1930s, reflecting his worries about the economic and social hardships and the crisis of asylum care in the wake of the global economy crisis, as well as widespread fears of degeneration, and popular Nietzschean tropes. Despite the wordy evocation of the health and strength of the nation, the details of Simon's program of national reconstruction remained, however, mostly vague. Economic considerations about the cost of medical care for the nation played an important role, but other statements show that Simon could also imagine the national "struggle for survival" as a military conflict:

"Nation, toughen up!" To fight, I need a sword made from solid metal: Steel, not gold nor lead. In our bitter struggle for survival, our whole nation – due to wealth and security – is too much attuned to the rear and the home front, and too little to the trenches and their rough conditions of life.²⁶

²⁴ Hermann Simon to Hans Roemer, 25 February 1932, Hermann Simon papers, 926/141.

²⁵ Hermann Simon to Robert Sommer, 29 December 1929, Hermann Simon papers, 926/140.

²⁶ Hermann Simon to Hans Roemer, 19 December 1931, Hermann Simon papers, 926/141.

For the orientation of the German Association for Mental Hygiene at the beginning of the 1930s, Simon's reflections on the nation's "struggle for survival" had two immediate consequences – the separation of German mental hygiene from the international movement as part of which it had emerged, and a shift towards the advocacy of active, state-led eugenics. In 1930, Simon had been a member of the official German delegation at the First International Congress on Mental Hygiene in Washington D.C. However, unlike others in the delegation, he had not been overly enthused about his trip to the United States. On his return, he left the writing of success stories about German mental hygiene's performance on the international stage to Robert Sommer and Hans Roemer, and mostly complained that the quantity of lectures and the mixture of languages had made it impossible to follow.²⁷ In the aftermath, and against the backdrop of the economic breakdown, his stance towards large-scale international meetings grew even more hostile. In Simon's view, participating in the upcoming meeting of European mental hygienists in Paris in 1932 would mostly be a waste of scarce resources:

As I see it, the work in our own house is much more important than the international fuss that is prepared in Paris. Let the rich foreign countries seek heaven in their own fashion, and use the scarce means that are available to us for our own benefit. We won't be able to make a great impression in Paris anyway. For I don't know who should finance this delegation. And that we are a nation that is being sucked out, nobody knows that better than the enemy powers assembled in Paris.²⁸

It is not like other German mental hygienists, like Robert Sommer, were no nationalists of some sort, but their nationalism was one in which nations peacefully competed for prestige on the international stage. Simon, by contrast, came to advocate a more bellicose form of nationalism, in which nations and their scientists encountered each other as outright enemies in a zero-sum game. The narrowing of the scientific and medical activities to the own nation was one side of an understanding of mental hygiene that increasingly was reduced to maintaining the health of the body politic in a time of existential crisis. On the other side was a growing belief that active eugenics were the only viable approach to psychiatric prophylaxis. The concentration of mental hygiene on eugenics, persistently urged by Simon in his correspondence with other members

²⁷ Hermann Simon to Robert Sommer, 30 May 1930, Hermann Simon papers, 926/140.

²⁸ Hermann Simon to the board of the DVPH, 10 May 1931, Hermann Simon papers, 926/141.

of the DVPH in the early 1930s, was the logical outcome of a worldview based on economic concerns, the belief that the German nation was beleaguered from all sides, as well as his adulation of health and strength, and his concomitant rejection of welfare and medical care for the weak and sick: “For the relief of the nations from the nightmarish burden of the inferior and weak has to happen, if the unfit and inferior is [!] not to devour the fit.”²⁹ In the mid-1920s, reform-oriented asylum physicians like Simon connected the emerging movement for mental hygiene to practical efforts for institutional reform which were supposed to improve the situation of mental patients; at the end of the decade, he had become the main advocate of a shift away from the asylum and the mentally ill individual, and towards public and state-led interventions for the collective health of the nation. By 1933, Simon had severed the tie between institutional reform and mental hygiene; in preparation for the next international congress in Paris, then planned to take place in 1935, he urged that matters pertaining to the asylum system should not be discussed at a conference on questions of hygiene.³⁰

Although Hermann Simon’s radicalization during the global economy crisis was representative for a broader shift in both psychiatry and society in the early 1930s, his socio-medical views were not shared by all protagonists of the German movement for mental hygiene. As has been discussed in more detail in chapter IV, Robert Sommer, despite his support of eugenics, vehemently and consistently rejected all coercive measures and unequivocally defended the mentally ill’s right to live. Hans Roemer’s position was more ambiguous. He supported eugenics, and after 1933, defended the Nazi’s policy of forced sterilization, but he nonetheless saw the dangers that the eugenic mindset held. Directly answering back to Simon’s latest reflections on the future of mental hygiene in 1932, Roemer argued that “eugenic aspects are undoubtedly indispensable for mental hygiene, but there is the danger of one-sided exaggeration, which can then lead to the misunderstanding and the mistake that by this means one can breed the super-human (*Übermensch*).”³¹ Moreover, Roemer also defended psychiatry’s medical commitment to the sick and the importance of public welfare against the “spirit of ruthlessness, egoism, and brutal force coming from the realm of naturalism and the ruthless struggle for survival.” If the responsibility of the community for the life of the individual were to be reduced to an economic consideration about the value of the individual

²⁹ Hermann Simon to the board of the DVPH, 10 May 1931, Hermann Simon papers, 926/141.

³⁰ Hermann Simon to Robert Sommer, 12 July 1933, Hermann Simon papers, 926/142.

³¹ Hans Roemer to the board of the DVPH, 11 March 1932, Hermann Simon papers, 926/141.

for society, Roemer clear-sightedly argued, the “destruction of life unworthy of life” would be the logical consequence – “be it directly or through the denial of the means of subsistence, and then there is no distinction anymore between the incurable ill, the feeble-minded, the criminal, the disabled, and finally, he who is thought to be a political enemy of the nation.” Simon did not accept Roemer’s objections, but replied with an extensive and emphatic recapitulation of his views. In particular, he rejected Roemer’s warning against the exaggeration of eugenics: “Eugenics have never sought to breed the super-human. As far as I have followed the literature, they have only pursued the more obvious goal, to prevent the breeding of the *sub-human*. In the end, it is the *sub-human* who kills the own nations.”³²

EUGENICS PREVAIL

While Hans Roemer and Robert Sommer warned against the possible consequences of overly radical approaches, there was no general opposition against eugenics as such in the German Association for Mental Hygiene. Quite the contrary, psychiatric eugenics became the exclusive topic of the second conference of mental hygienists, which took place in Bonn in May 1932 – almost four years after the first conference in Hamburg.³³ Economic difficulties were one reason for the delay, another was that the preparations for the international congress in Washington D.C. had tied up much of the resources of the German Association for Mental Hygiene in the previous years.³⁴ To reduce the travel expenses for its two hundred participants, the conference took place immediately after the yearly general assembly of the German Psychiatric Society. Despite the global economy crisis, and despite Hermann Simon’s calls for a severing of the international networks, the German mental hygienists were still well integrated in the European movement, with representatives from Switzerland, the Netherlands, Finland, Norway, and France attending the conference. Notably however, no Austrians had come to Bonn this time.

Robert Sommer’s opening address on the “eugenic tasks of mental hygiene” displayed his profound uneasiness about the main theme of the 1932 conference. Arguing in two directions

³² Hermann Simon to the board of the DVPH, 8 April 1932, Hermann Simon papers, 926/141.

³³ Roemer, “Die Zweite Tagung für psychische Hygiene in Bonn am 21. Mai 1932.” For the detailed report, see also Hans Roemer, ed. *Bericht über die Zweite Deutsche Tagung für psychische Hygiene in Bonn am 21. Mai 1932* (Berlin and Leipzig: Walter de Gruyter & Co., 1932).

³⁴ Robert Sommer and Hans Roemer, “Niederschrift über die II. Mitgliederversammlung des Deutschen Verbandes für psychische Hygiene in Bonn im Auditorium maximum der Universität am 20. Mai 1932 17 Uhr,” *Zeitschrift für psychische Hygiene* 5, no. 6 (1932): 179; Roemer, *Bericht über die Zweite Deutsche Tagung für psychische Hygiene*, 7-9.

at the same time, Sommer tried to defend this thematic choice both against the proponents and the opponents of eugenics. On the one side, he stressed that mental hygiene's interest in eugenics was not an opportunistic reaction to the topic's boom during the depression. Eugenics were an integral part of mental hygiene's agenda from the beginning on, and a direct consequence of its two-pronged approach targeting both endogenous and exogenous forms of mental disorder. Pointing out that the insinuation that mental hygiene had only recently turned towards eugenics was "totally mistaken," Sommer defended mental hygienists' expertise in this crowded field against an increasing number of competitors.³⁵ On the other side, however, Sommer also defended the focus on eugenics against the reproach that mental hygiene had abandoned its more holistic program:

While the association has chosen to place psychiatric eugenics at the center of the II. German conference, it has to be stressed that it does not intend a dogmatic limitation to endogenous causes and genetics, but will also continue to examine and combat exogenous causes with the same rigor. Only for technical reasons was it necessary to focus on the prevention of genetically pathogenic constitutions (*pathogene Keimbeschaffenheiten*), which today is at the fore of public interest.³⁶

Despite Robert Sommer's insistence that nothing had changed, the 1932 conference in Bonn clearly showed in which direction mental hygiene had shifted in the previous years. Unlike the meeting in 1928, where a broad range of different approaches had been discussed, the second conference was totally dominated by eugenics as the single topic. Against the backdrop of the economic crisis and severe cutbacks in the financing of psychiatric institutions, the collective health of the nation had effectively supplanted any notion of improving the living conditions of mentally disordered individuals. The lectures advertising eugenics by Ernst Rüdin and his colleague Hans Luxenburger made few references to any form of psychiatric care beyond the sterilization of the potential parents of future mental patients.³⁷ Rüdin repeated an argument that he had already used in his 1930 lecture in Washington D.C. when he claimed that individual

³⁵ Roemer, "Die Zweite Tagung für psychische Hygiene in Bonn am 21. Mai 1932," 67.

³⁶ Ibid.

³⁷ Ernst Rüdin, "Die Ergebnisse der psychiatrischen Erbbiologie für die eugenische Praxis," in *Bericht über die Zweite Deutsche Tagung für psychische Hygiene in Bonn am 21. Mai 1932*, ed. Hans Roemer (Berlin and Leipzig: Walter de Gruyter & Co., 1932); Hans Luxenburger, "Die Sterilisierung aus psychiatrisch-eugenischer Indikation," in *Bericht über die Zweite Deutsche Tagung für psychische Hygiene in Bonn am 21. Mai 1932*, ed. Hans Roemer (Berlin and Leipzig: Walter de Gruyter & Co., 1932).

mental hygiene could only be effective and efficient, when “its attempts to educate and cure can be made with hereditarily flawless human material.”³⁸ Whereas for Rüdin eugenics created the conditions for individual mental treatment and prophylaxis, in Luxenburger’s view, the relation was reversed. The more effectively psychiatrists could prevent mental illness from developing, and cure the mentally ill, the more important would eugenics become, as symptom-free carriers of hereditary disease could spread it more easily to the next generation than those who were visibly sick.

However, in 1932 little was at stake for Rüdin and Luxenburger in their attempts to link eugenics to other approaches to psychiatric prophylaxis. As the other papers and the discussion at the conference showed, they were already preaching to the converted. The odd exception was Robert Sommer, who took the conference’s focus on eugenics as an opportunity to revisit his theory of “natural aristocracy.”³⁹ Unlike Rüdin and Luxenburger, who represented the mainstream of eugenic thought in Germany, Sommer again argued that a healthier society could not be achieved through coercive measures like the sterilization of the unfit, but only through a social and intellectual mass movement in which all parts of society voluntarily participated. At the center of the tacit conflict between the founder of the German mental hygiene movement and more aggressive eugenicists like Rüdin, Luxenburger, and Simon, was not only a different understanding of the moral boundaries of social medicine, but also a different conception of mental hygiene’s relation with the state. Although they largely agreed on both the importance of hereditary factors in the development of mental illness and on the necessity of some form of socio-medical intervention, the nineteenth-century liberal Sommer did not see the state, but society as the solution to the problem. Sommer imagined the eugenic regeneration of the nation as the result of a kind of grassroots movement that would spread the idea of hereditary health through rational insight and an idealist belief in the greater, common good. Most of his colleagues, by contrast, found some sort of top-down, state-led intervention to be the more viable way to improve the nation’s collective health. Consequently, the fact sheet (*Merkblatt*) on the prevention of hereditary mental illness, which tried to summarize and popularize the official position of the German Association for Mental Hygiene, remained relatively vague, and

³⁸ Roemer, “Die Zweite Tagung für psychische Hygiene in Bonn am 21. Mai 1932,” 69.

³⁹ Robert Sommer, “Der natürliche Adel als Ausleseprinzip,” in *Bericht über die Zweite Deutsche Tagung für psychische Hygiene in Bonn am 21. Mai 1932*, ed. Hans Roemer (Berlin and Leipzig: Walter de Gruyter & Co., 1932).

referred both to the importance of individual choices and the necessity of a legal framework for voluntary sterilization.⁴⁰ The idea of “natural aristocracy,” which Sommer had included in his drafts for the fact sheet did not make it into the published version.⁴¹

As we know today, the immediate future belonged to the more direct and more forceful state-led approach advocated by Rüdin and Luxenburger. Little more than a year after the 1932 conference in Bonn, in July 1933, the Nazi authorities passed the Law for the Prevention of Hereditarily Diseased Offspring (*Gesetz zur Verhütung erbkranken Nachwuchses*), which allowed the forced sterilization of the carriers of supposedly hereditary defects. Most of the diseases indicated by the law were neurological or psychiatric, namely congenital mental deficiency, schizophrenia, manic-depressive insanity, hereditary epilepsy and Huntington’s chorea, although the law also mentioned hereditary muteness and deafness, all kinds of hereditary bodily malformations, and severe alcoholism.⁴²

FROM MENTAL HYGIENE TO RACIAL HYGIENE

The German mental hygiene movement’s shift towards racial hygiene was a gradual process that had already begun years before 1933. In the last years of the Weimar Republic, the German Association for Mental Hygiene (DVPH) had increasingly come to understand itself as the avant-garde of psychiatric eugenics, so that the health policies of the “Third Reich” did not impose a new paradigm. Nonetheless, the year 1933 was a momentous caesura. As the Nazi authorities passed the sterilization law and adopted eugenics as official state policy, some of mental hygienist’s principle demands were implemented, and even quicker than the most zealous proponents of eugenics had thought possible. This was, however, not a triumph for the DVPH, but an ambiguous situation that presented them with both considerable risks and chances. Overtaken by events, the association found itself in danger of being superseded by other organizations, or just bypassed by the new authorities. At the same time, the introduction of a far-reaching eugenic sterilization legislation created attractive opportunities for experts in this field. From May 1933 onwards, the association’s leaders rushed to establish ties with Nazi

⁴⁰ "Merkblatt des Deutschen Verbandes für psychische Hygiene zur Verhütung der erblichen Geistes- und Nervenkrankheiten," in *Bericht über die Zweite Deutsche Tagung für psychische Hygiene in Bonn am 21. Mai 1932*, ed. Hans Roemer (Berlin and Leipzig: Walter de Gruyter & Co., 1932).

⁴¹ UAG, Robert Sommer papers, Vol. 13, 19.

⁴² "Gesetz zur Verhütung erbkranken Nachwuchses vom 14. Juli 1933," 152.

officials in order to specify their position in the new system and secure their standing as eugenic experts.

In the end, their efforts were at least partly successful. Under the leadership of Ernst Rüdin, the association retained its relative independence for two more years, before being transformed into a subcommittee of the newly created Association of German Psychiatrists and Neurologists. With Rüdin as their new chairman, the mental hygienists moved considerably closer to the political and scientific center of psychiatry in the “Third Reich.” As Matthias Heinrich Göring and C. G. Jung – whose General Medical Association for Psychotherapy (*Allgemeine Ärztliche Gesellschaft für Psychotherapie*) equally struggled to secure its position under the changed political circumstances – wrote on the occasion of Robert Sommer’s seventieth birthday in 1934, before the caesura of 1933, the DVPH was “a relatively small association, today it is of utmost importance.”⁴³ However, this success came at a high cost. Two of the most important characteristics of mental hygiene in the interwar period – its multi-faceted approach and its integration into an international network of related associations – were gradually lost as mental hygiene was reduced to another synonym for racial hygiene and became a foreign policy tool of the Nazi regime.

“NOW WE HAVE TO HURRY!”

As the internal correspondence of the DVPH’s board shows, after January 1933, the association plunged into hectic activity to establish contacts with the new authorities and secure and specify its position. As early as 14 March 1933, Hermann Simon argued that, given the new situation, leading eugenicists like Ernst Rüdin or Hans Luxenburger would have to be introduced to the DVPH’s board.⁴⁴ By the end of May, the situation had already become clearer. In a circular letter to the members of the board, Robert Sommer urged that the DVPH immediately had to get in touch with the new government, or risk to be left out in the ongoing forcible coordination (*Gleichschaltung*) of racial hygiene.⁴⁵

⁴³ Matthias Heinrich Göring and Carl Gustav Jung, “Geheimrat Sommer zum 70. Geburtstag,” *Zentralblatt für Psychotherapie* 7, no. 2 (1934): 314.

⁴⁴ Hermann Simon to Robert Sommer, 14 March 1933, Hermann Simon papers, 926/142. See also Walter, *Psychiatrie und Gesellschaft*, 411-14. On Simon’s political views and his membership in the NSDAP, see also Walter, “Hermann Simon.”

⁴⁵ Robert Sommer, 21 May 1933, Hermann Simon papers, 926/142.

It was Hermann Simon who took the lead. As he wrote in an extensive reply to Sommer, the DVPH had to “get in with the new times,” and had to act quickly, “for the events are precipitating, and he who does not get on board in time, will remain standing on the platform after the express train has passed!” One consequence of the changed situation, Simon argued, was that mental hygienists had to intensify their propaganda efforts as to remain visible for the political authorities. The remaining fact sheets on the prevention of hereditary mental illness, which had been printed in 1932, had to be distributed quickly, so that a new version, “formulated in a more trenchant way, according to the new situation,” could be published soon. In particular, any reference to the voluntariness of eugenic sterilization should be blackened out – a change that Simon had already made in his own copies. Controversial as it was among mental hygienists in the late Weimar republic, this question had now been answered politically: “Coercion or no coercion is a matter of the political state, not of the physician’s advice!”⁴⁶

Furthermore, Simon argued, the DVPH would have to get in touch with the new state institutions that had been created in the field of public health education and racial hygiene, and offer them their services – something that he did for himself in a private letter to the Education Office for Population Policy and Racial Hygiene (*Aufklärungsamt für Bevölkerungspolitik und Rassenpflege*) on the very next day.⁴⁷ While these measures might help to secure the position of the DVPH in the short run, in the long run, its forcible coordination into the system of Nazi organizations would be inevitable, and without being part this system, neither formal contacts with government authorities nor the allocation of state funding would be possible. Again, Simon quickly tried to solve the problem for himself, and had already requested to join the NSDAP in April 1933. As his request was still pending by June, he repeated his earlier proposal, “to include a younger person, who is already long and firmly connected with the state of today,” that is, Ernst Rüdin. Another way to combine the association’s propaganda efforts with its attempt to attach itself to the new powers that be, would be to offer classes on mental hygiene in strategic locations: “At this time, Munich would be the most opportune, because this is where the center of the NSDAP is, and where it is easier to get in touch with its acting and influential bodies.” The flipside of the DVPH’s intensified propaganda efforts was the reallocation of its resources from the international stage to national politics; a shift that Simon had already advocated in the

⁴⁶ Hermann Simon to Robert Sommer, 11 June 1933, Hermann Simon papers, 926/142.

⁴⁷ Hermann Simon to the Aufklärungsamt für Bevölkerungspolitik und Rassenpflege, 12 June 1933, Hermann Simon papers, 926/142.

late 1920s, and repeated in 1933: “Today, our *international relations* are less important than the national ones. I strictly warn against still using any significant amounts [of money] for their cultivation.”⁴⁸ As Simon stated in his following letter to Sommer, this also meant that the planned publication of the outcomes of the Washington D.C. congress in German was to be shelved: “Let’s leave the Washington congress dead and buried. No one in Germany cares about it, now that we have to think and worry about other, more important things.”⁴⁹

However, while Hermann Simon in Gütersloh was trying to bring the German mental hygienists in line with the new political situation, the decisions about the future of the DVPH were actually made in Berlin and Munich. As Hans Roemer notified the other board members on 25 June 1933, he had received a phone call from Ernst Rüdin, who had been appointed as a commissioner for the *Reich’s* racial hygiene activities.⁵⁰ Rüdin had requested to meet with executive director (*Geschäftsführer*) Roemer to discuss how the association could be included in the “forthcoming racial hygiene activities.” Simon emphatically urged Roemer to meet with Rüdin as soon as possible: “Now we have to hurry! And all personal emotions and sensitivities have to be put aside in favor of the goal ahead of us. The opportunity is offering itself to us, and we have to grasp it, for the sake of our higher duties.”⁵¹

A few days later, Robert Sommer, who had been the association’s chairman since its creation in 1925, resigned from this position. Given Sommer’s well-known misgivings about the coercive eugenic approach favored by the new authorities, one might be tempted to speculate about political reasons; however, neither the internal correspondence of the DVPH nor Sommer’s own papers offer much to confirm or refute this interpretation.⁵² In any case, Sommer’s resignation was also a tactical move with an eye to the upcoming negotiations with Rüdin as representative of the Nazi state. As Simon pointed out, the vacancy for the position of the association’s chairman could become a tactical gift to Rüdin: “In fact, in the present situation, our association needs a strong liaison with Rüdin and his institute; and we can only

⁴⁸ Hermann Simon to Robert Sommer, 11 June 1933, Hermann Simon papers, 926/142.

⁴⁹ Hermann Simon to Robert Sommer, 22 June 1933, Hermann Simon papers, 926/142.

⁵⁰ Hans Roemer to Robert Sommer, 25 June 1933, Hermann Simon papers, 926/142.

⁵¹ Hermann Simon to the members of the smaller board of the DVPH, 27 June 1933, Hermann Simon papers, 926/142.

⁵² Another possible reason might also be found in Sommer’s advanced age and the poor health of his wife, see Robert Sommer to Matthias Heinrich Göring, 3 October 1933, UAG, Robert Sommer papers, Vol. 68, 1370.

win Rüdin over by offering him the *leading* position in the association.”⁵³ As it turned out when Roemer met Rüdin in Munich on 3 July 1933, the latter was willing to accept the position – in addition to the chairmanship in the German Society for Racial Hygiene (*Deutsche Gesellschaft für Rassenhygiene*), which he had recently been appointed by the ministry of the interior. Although Rüdin confidentially assured Roemer that he wanted to maintain the independence of the German Association for Mental Hygiene, at this point, mental hygiene had already moved considerably closer towards racial hygiene.⁵⁴

On 16 July 1933, the members of the board of the DVPH – Wilhelm Weygandt, Hans Roemer, Hermann Simon, Paul Nitsche, and the present and future chairmen, Robert Sommer and Ernst Rüdin, respectively – met in Kassel at the hotel *Nordischer Hof* to discuss the future of mental hygiene in the “Third Reich.”⁵⁵ Rüdin arrived in Kassel well-prepared – a few days earlier, Simon had already briefed him about the views of the other board members in a personal letter, in which he also distanced himself from the “sensitivities” of some of his colleagues.⁵⁶ Moreover, Rüdin had not come with empty hands. As commissioner of the Ministry of the Interior, designated chairman of the German Society for Racial Hygiene (*Deutsche Gesellschaft für Rassenhygiene*), and chairman of the second working committee on racial hygiene of the scientific advisory council of the ministry of the interior, he was in a position to promise state funding for the activities of the German Association for Mental Hygiene, provided that it was used for the eugenic propaganda. Rüdin’s nomination as chairman was carried unanimously, while Robert Sommer assumed the newly created, symbolic position of honorary chairman (*Ehrenvorsitzender*).

With their new chairman, mental hygienists would not only be able to secure their connection to the state, but also to improve their position in the psychiatric discipline under the leadership of Rüdin, who without doubt was the “Third Reich’s” leading psychiatrist and personified the connected interests of the state and his profession like few others.⁵⁷ Rüdin, by taking over the German Association for Mental Hygiene, did not only add another item to his growing list of

⁵³ Hermann Simon to Hans Roemer and Paul Nitsche, 29 June 1933, Hermann Simon papers, 926/142.

⁵⁴ Hans Roemer to Wilhelm Weygandt, Hermann Simon, and Paul Nitsche, 6 July 1933, Hermann Simon papers, 926/142.

⁵⁵ Minutes of the board meeting of the DVPH in Kassel, 16 July 1933, Hermann Simon papers, 926/142.

⁵⁶ Hermann Simon to Ernst Rüdin, 12 July 1933, Hermann Simon papers, 926/142. Unfortunately, the individual statements that Simon referred to are not part of the file.

⁵⁷ On Rüdin’s role in the “Third Reich,” see Roelcke, “Psychiatrische Wissenschaft.”; Roelcke, “Ernst Rüdin.”

political and professional functions, but also gained an asset for his professional politics. The association was supposed to serve as springboard for eugenic propaganda inside the psychiatric profession (as opposed to the German Society for Racial Hygiene and other bodies occupied with public propaganda). One of the next activities of the association would be to conduct a seminar on racial hygiene for “psychiatrists interested in questions of racial biology,” which was planned to be held in October 1933 at the premises of Rüdin’s German Research Institute for Psychiatry in Munich. In most regards, the meeting in Kassel confirmed what Hermann Simon had persistently argued for in the last years.

Mental hygiene left the individual patient behind, and became indistinguishable from racial hygiene, while at the same time moving closer to the state than it had ever been before. However, different from what Hermann Simon had wished for, this reorientation did not yet bring the separation of mental hygiene in Germany from the movement in the rest of the world. Instead, the association was to continue its international activities, namely the preparations for the second international congress in Paris, then planned for 1935, as a foreign policy tool of the “Third Reich” and as a means to legitimize German racial hygiene policies abroad. As the members of the board agreed, “the international relations should continue to be maintained in the interest of the state, and in the interest of Germany, and should also be used to inform foreign countries about the development [of psychiatric eugenics] in Germany.”⁵⁸

That this would not be an easy task was something that Hans Roemer had to find out two months later, when representatives of the European mental hygiene associations met in Rome in September 1933.⁵⁹ Roemer was given a fairly cold reception:

At the beginning of the meeting, [...] a certain reticence was clearly noticeable from the representatives of the other European organization, most of which we already knew

⁵⁸ Minutes of the board meeting of the DVPH in Kassel, 16 July 1933, Hermann Simon papers, 926/142. See also Sheila Faith Weiss, *"The Sword of Our Science" as a Foreign Policy Weapon: The Political Function of German Geneticists in the International Arena During the Third Reich*, Ergebnisse: Vorabdrucke aus dem Forschungsprogramm "Geschichte der Kaiser-Wilhelm-Gesellschaft im Nationalsozialismus," 22 (Berlin: MPIWG, 2005).

⁵⁹ Hans Roemer, Die II. Europäische Vereinigung für psychische Hygiene in Rom am 27. und 28. September 1933, 15 October 1933, Hermann Simon papers, 926/142.

from Washington. My Hitler-badge [the NSDAP membership badge] received much attention.⁶⁰

Roemer's paper on the role of the family in mental hygiene was well received, but the issue of Nazi Germany's eugenic policies led to controversy. Notably, it was one of the leading psychiatrists of fascist Italy, Sante de Sanctis (1862-1935), who most forcefully objected to the sterilization of mental patients, while the Belgian Auguste Ley (1873-1956) and the Swiss André Repond came out in support of such measures.⁶¹ As a publication of de Sanctis's statement was planned in the high-circulation *Corriere della Sera*, Roemer informed the German embassy about the course of the meeting. In the eyes of the German diplomats, de Sanctis's opposition was a tactical move in line with the Mussolini government's position, which rejected eugenics as not to antagonize the Apostolic See. De Sanctis's statement against eugenic sterilization and the subsequent press release were to publicly show that Italian psychiatry did not follow the German lead. Eugenics were, however, not the only matter of controversy. The persecution of Jewish physicians had not gone unnoticed by mental hygienists in Europe, and was the main reason why Roemer's attempts to bring the next European meeting to Germany failed for now:

For my incessant efforts to voice our invitation, doubts were repeatedly raised about the possibility to speak freely in Germany. Boumann [the Dutch psychiatrist K. H. Bouman] openly said that the treatment of Jewish colleagues ran contrary to the fulfillment of our wish. [Eugenio] Medea, who like Bond is Jewish, would personally have liked to come, especially as he, like some other participants of the conference, gratefully remembers his training in Germany. After the meeting of the European commission, [Auguste] Ley told me that one should give some time to a meeting in Germany, as the treatment of the emigrants had upset many.⁶²

⁶⁰ Roemer had joined the NSDAP on 1 May 1933, see Anna Plezko, "Handlungsspielräume und Zwänge in der Medizin des Nationalsozialismus: Das Leben und Werk des Psychiaters Dr. Hans Roemer (1878-1947)" (MD thesis, Justus-Liebig Universität Gießen, 2011), 17.

⁶¹ On de Sanctis, see also Guido Cimino and Giovanni Pietro Lombardo, eds., *Sante de Sanctis tra psicologia generale e psicologia applicata* (Milan: Franco Angeli, 2004).

⁶² Hans Roemer, Die II. Europäische Vereinigung für psychische Hygiene in Rom am 27. und 28. September 1933, 15 October 1933, Hermann Simon papers, 926/142. Notably, Roemer may have been mistaken about the Jewish background of Medea, who participated in the 1938 meeting of European mental hygienists in Munich and lauded the "Third Reich" for its achievements.

In fact, it would only take another five years for the European mental hygienists to overcome their reservations against Nazi Germany as a venue for their meetings, of which later more.

GETTING IN WITH THE NEW TIMES

Back in Germany in 1933, the main challenge was to specify mental hygiene's role and position in the changed political situation. The outcome of the momentous meeting in Kassel was made public in the next issue of the *Zeitschrift für psychische Hygiene*.⁶³ Reflecting its new orientation, the association was renamed into "German Association for Mental Hygiene and Racial Hygiene" (*Deutsche Gesellschaft für psychische Hygiene und Rassenhygiene*), and a closer connection with the German Psychiatric Association was envisioned. An even clearer expression of mental hygiene's course after 1933 could be found in the following issue of the journal, in an article appositely entitled "The psychiatrist and the new time."⁶⁴ It was authored by Hermann Fritz Hoffmann (1891-1944), a psychiatric geneticist who previously had shown little interest in politics, and who had just succeeded the recently retired Robert Sommer as the chair for psychiatry at the University of Gießen.⁶⁵ As Hoffmann argued, psychiatry had always been torn between two irreconcilable priorities – on the one hand, psychiatrists had to care for their patients and treat them; on the other hand, their task was also to secure the welfare of the collective, which often meant to protect society from their own patients. The Nazi government, Hoffmann claimed, had solved this conflict:

Of these conflicting approaches, in past times, the care for the individual welfare of the sick person had priority, and was often determinative; in the national-socialist state, the psychiatrist has not only the right, but also an obligation to primarily follow the interests of the community, and to integrate, if not to subordinate, the individual interest of the sick person to these. His helping hand should be guided by the ideals, which the new state embodies in our national community (*Volksgemeinschaft*), and to which every healthy member of our nation (*Volksgenosse*) has to bow. It is an insight and a principle

⁶³ Ernst Rüdin and Hans Roemer, "Der Deutsche Verband für psychische Hygiene und Rassenhygiene," *Zeitschrift für psychische Hygiene* 6, no. 5 (1933).

⁶⁴ Hermann F. Hoffmann, "Der Psychiater und die neue Zeit," *Zeitschrift für psychische Hygiene* 6, no. 6 (1933).

⁶⁵ M. Leonhardt and K. Foerster, "Hermann F. Hoffmann (1891–1944): Die Tübinger Psychiatrie auf dem Weg in den Nationalsozialismus," *Der Nervenarzt* 67, no. 11 (1996).

of National Socialism that the individual is only rated by what his worth, his significance, and his achievements are for the whole of the nation.⁶⁶

Hoffmann's article was the clearest articulation of mental hygiene's and psychiatry's shift from the individual patient to the collective to appear in the journal of the German Association for Mental Hygiene – and Racial Hygiene. As the previous chapters have shown, psychiatrists concerned with the prophylactic possibilities of their discipline had contemplated this shift for a long time, in particular in times of social and political crisis, as after the First World War and during the global economy crisis at the end of the 1920s. The sterilization law that the Nazi state passed in July 1933 was a milestone in this shift. Consequently, Hoffmann extensively commented on and legitimized the sterilization law and discussed the diagnostic and practical details of its implementation – a recurring topic in psychiatric professional journals from 1933 onwards. As for many others, however, for Hoffmann the law was only a beginning: "It is not only to serve practical measures, but it also wants to pursue an ideational goal, bringing the thought and the reflection of racial hygiene to our people."⁶⁷ As he saw it, the next step would be to complete negative with positive eugenics: "Who in the perspective of racial hygiene has the right to have children, in the national-socialist state has also the duty to have children."

In the following years, the German Association for Mental Hygiene and Racial Hygiene was, however, less concerned with Hoffmann's phantasies of national rebirth and the eugenic breeding of racial elites, and more with providing the practical expertise for the racial hygiene policies of the "Third Reich." In 1934, the association organized the seminar on racial hygiene and hereditary biology, initially planned to take place in late 1933. Conducted with the express authorization and funding by the ministry of the interior and chaired by Ernst Rüdin, during the nine-day seminar in Munich, more than a hundred physicians from university clinics and asylums were briefed about the scientific basis and practical application of the new sterilization law.⁶⁸ The seminar lectures were quickly published in a volume of almost 400 pages, the most comprehensive overview of Nazi Germany's racial hygiene policies by then.⁶⁹ While racial

⁶⁶ Hoffmann, "Der Psychiater und die neue Zeit," 161.

⁶⁷ Ibid., 166.

⁶⁸ Hans Roemer, "Die Deutsche Organisation für psychische Hygiene in den Jahren 1930-1936," *Zeitschrift für psychische Hygiene* 10, no. 2 (1937): 37.

⁶⁹ Ernst Rüdin, ed. *Erblehre und Rassenhygiene im völkischen Staat* (Munich: J. F. Lehmanns Verlag, 1934).

hygiene triumphed, the notion of mental hygiene was edged aside. Hans Roemer's opening address was the only time that mental hygiene was explicitly mentioned during the seminar.⁷⁰

In 1933 already, the participants of the board meeting in Kassel had agreed that the continued existence of a German Association for Mental Hygiene and Racial Hygiene would only be temporary. In line with the forcible coordination (*Gleichschaltung*) of all aspects of German society by the Nazi regime, the mental hygiene association was to be united with the German Psychiatric Association, as well as with the General Medical Association for Psychotherapy (*Allgemeine Ärztliche Gesellschaft für Psychotherapie*).⁷¹ From the mental hygienists' perspective, the planned merger was neither an unwelcome reaction to political necessities, nor preemptive obedience, but seemed to offer the possibility of embedding their agenda more firmly in the mainstream of the psychiatric discipline. Nonetheless, in a resolution passed at the Kassel meeting, the board members stipulated that, even after the planned merger, mental hygienists would have to retain a certain degree of autonomy and some prerogatives, including the right to accept non-psychiatrists as members, to collect and administer their own member fees, to continue publishing their own journal, and to remain part of the international and European networks for mental hygiene.⁷²

The merger eventually took place in early September 1935.⁷³ Different from what was planned two years earlier, the mental hygienists did, however, not become a part of the German Psychiatric Association. Instead, the association became a committee of the newly created Society of German Neurologists and Psychiatrists (*Gesellschaft deutscher Neurologen und Psychiater*, GDNP), which in turn was the result of the unification of the German Psychiatric Association and the Society of German Neurologists (*Gesellschaft deutscher Nervenärzte*)

⁷⁰ Hans Roemer, "Die rassenhygienischen Aufgaben der praktischen Psychiatrie unter besonderer Berücksichtigung der offenen Fürsorge," in *Erblehre und Rassenhygiene im völkischen Staat*, ed. Ernst Rüdin (Munich: J. F. Lehmanns Verlag, 1934).

⁷¹ At the same time, the psychotherapeutic association was undergoing a similar process, which led to a split between an international association and a "German General Medical Association for Psychotherapy" (*Deutsche Allgemeine Ärztliche Gesellschaft für Psychotherapie*), founded in September 1933, see Carl Gustav Jung, "Geleitwort," *Zentralblatt für Psychotherapie* 6(1933); "Mitteilung des Reichsführers der 'Deutschen allgemeinen ärztlichen Gesellschaft für Psychotherapie'," *Zentralblatt für Psychotherapie* 6; Lockot, *Erinnern und Durcharbeiten*, 71-74.

⁷² Minutes of the board meeting of the DVPH in Kassel, 16 July 1933, Hermann Simon papers, 926/142.

⁷³ Ernst Rüdin and Hans Roemer, "Der Deutsche Ausschuß für psychische Hygiene der Gesellschaft Deutscher Neurologen und Psychiater," *Zeitschrift für psychische Hygiene* 8, no. 4 (1935).

under the leadership of Ernst Rüdin.⁷⁴ Rüdin had been among the signatories of the 1933 resolution, and as *Reichsleiter* of the GDPN, he also had the political leverage with the state and the psychiatric profession to allow the committee for mental hygiene to retain some aspects of its former independence inside the new association. Appointed by Rüdin, Hans Roemer would continue to manage the committee, which kept its own finances, its non-psychiatric members, as well as its journal. As Rüdin and Roemer claimed in the public announcement of the merger, the new set-up strongly increased mental hygiene's clout, as mental hygienists would now speak "on behalf of the representatives of German psychiatry and neurology."⁷⁵

In some regards at least, in 1935, the prospects for mental hygiene in Germany seemed good. Having become a part of the neurological and psychiatric professional organization, it was closer to becoming an integral part of the research and practice of both disciplines than it had before. Mental hygiene also had the long-standing support of the leading man in German psychiatry, Ernst Rüdin, who had been a member of the association since the late 1920s and its chairman from 1933 to 1935, and who had already used the international movement for mental hygiene as a stage for his own eugenic agenda in Washington D.C. in 1930. After mental hygiene was integrated as a committee in the GDPN in 1935, Rüdin continued to be listed as a co-editor of the *Zeitschrift für psychische Hygiene* until its seventeenth and final volume in 1944, and also continued to participate in the meetings of the international movement until 1939. At the same time, the prophylactic approach that was at the very core of mental hygiene's agenda gained importance in German psychiatry. On the occasion of the unification of the psychiatric and neurological associations, Rüdin had issued the guideline for the role of both disciplines in the "Third Reich:" The principle that "prevention is better than care" was to be applied to "the whole body of our nation."⁷⁶

The direct consequences of German psychiatry's increasing occupation with the collective health of the nation are well known. Between 1934 and 1945, more than 400,000 people were

⁷⁴ "Die Gesellschaft Deutscher Neurologen und Psychiater," *Zeitschrift für psychische Hygiene* 8, no. 1 (1935); Hans-Walter Schmuhl, "'Resources for each other': The Society of German Neurologists and Psychiatrists and the Nazi 'Health Leadership'," *European Archives of Psychiatry and Clinical Neuroscience* 261, no. Suppl. 2 (2011); Hans-Walter Schmuhl, "Psychiatrie und Politik: Die Gesellschaft Deutscher Neurologen und Psychiater im Nationalsozialismus," in *Abweichung und Normalität: Psychiatrie in Deutschland vom Kaiserreich bis zur Deutschen Einheit*, ed. Christine Wolters, Christof Beyer, and Brigitte Lohff (Bielefeld: transcript, 2013); Weber, *Ernst Rüdin*, 228.

⁷⁵ Rüdin and Roemer, "Der Deutsche Ausschuss für psychische Hygiene," 98.

⁷⁶ Schmuhl, "Psychiatrie und Politik," 138.

sterilized against their will on the grounds of the Law for the Prevention of Hereditarily Diseased Offspring; several thousand, mostly women, died due to complications during the procedure. With the beginning of the Second World War, Nazi eugenics entered a new phase, shifting from the future generation to the present. Between September 1939 and August 1941, more than 70,000 disabled people and mental patients were killed in the “euthanasia” program later known as “Aktion T4.” After the program was discontinued, mainly due to protests by churchmen, the killings continued in a decentralized way, leading to an estimate of more than 200,000 additional deaths.⁷⁷ Although the improvement of the conditions for the mentally ill had been one of the expressed goals of the mental hygiene movement in Germany in the second half of the 1920s, its propaganda for psychiatric eugenics and its participation in the scientific legitimization of forced sterilizations had helped to prepare the ground for the “euthanasia” program. Some of its protagonists were directly connected to the mass killings.

The most prominent example was certainly Ernst Rüdin, who as *Reichsleiter* of the German psychiatrists and neurologists and the “Third Reich’s” most eminent eugenicist was involved in the crimes of Nazi racial hygiene in numerous ways.⁷⁸ Hermann Paul Nitsche (1876-1948) had been a member of the extended board of the German Association for Mental Hygiene since the end of 1920s and joined the five-member board after the resignation of Gustav Kolb in 1932. Nitsche became actively involved in the development of killing methods; in February 1940, he became an expert (*Gutachter*) in the “T4” program and the medical director of the central office in the eponymous Tiergartenstraße 4 in Berlin. After the cancellation of the “T4” program, he participated in the “14f13” or “prisoner euthanasia” program.⁷⁹ Another “T4” expert was Kurt Pohlisch (1893-1955), who joined the DGPH’s committee for mental hygiene and the editorial board of the *Zeitschrift für psychische Hygiene* in 1938.⁸⁰ More names of psychiatrists involved in the killings appear in the periphery of the mental hygiene association, as participants in the conferences and as authors in the journal. This corresponds with the profile of the perpetrators that has been identified by historians. Since its emergence, the mental hygiene movement rallied not only zealous eugenicists, but also reform-minded psychiatrists

⁷⁷ Rotzoll et al., *Die nationalsozialistische "Euthanasie"-Aktion T4*.

⁷⁸ Roelcke, "Ernst Rüdin."

⁷⁹ Ingo Harms, "Die Gutachter der Meldebogen: Kurzbiografien," in *Die nationalsozialistische "Euthanasie"-Aktion T4 und ihre Opfer: Geschichte und ethische Konsequenzen für die Gegenwart*, ed. Maike Rotzoll, et al. (Paderborn et al.: Ferdinand Schöningh, 2010), 406-07.

⁸⁰ Ibid., 413-14; Ralf Forsbach, *Die Medizinische Fakultät der Universität Bonn im "Dritten Reich"* (Munich: Oldenbourg, 2006), 200-13.

who wanted to overcome psychiatry's therapeutic nihilism with new treatment methods. Although the debates in the movement shifted back and forth between these two positions, they were not mutually exclusive, but inherently connected. The hope that some groups of patients could be successfully treated fueled the view that caring for chronic and untreatable patients was a waste of resources at the expense of those who could be healed. Hence, for many perpetrators of Nazi "euthanasia" the killings were not only a eugenic intervention for the health of the body politic, but also part of an ambitious reform of psychiatry, clearing the overcrowded institutions from the hopeless cases, and freeing resources for a better and more efficient treatment for the remaining patients.⁸¹

PEACE FOR OUR TIME

Despite its close alignment with the Nazi health policies, as an organized movement, mental hygiene played only a marginal role in German psychiatry after 1935. Instead of increasing the importance of mental hygiene, the rise of racial hygiene pushed other prophylactic approaches aside and reduced mental hygiene to another synonym for psychiatric eugenics – a process that already started at the beginning of the 1930s. This narrowing of mental hygiene is reflected in the contents of the *Zeitschrift für psychische Hygiene*, which continued to appear until 1944 on a steadily decreasing number of pages. Apart from an intensive occupation with alcoholism and drug abuse at the end of the 1930s, psychiatric eugenics were clearly the dominant topic. The only area in which mental hygiene retained an independent relevance was the representation of German psychiatry in the framework of the international movement, which continued until the beginning of the Second World War. And while Nazi Germany was headed for war, its most prominent psychiatrists engaged in a propaganda that played on international hopes for peace.

PARIS, 1937

From 19 to 25 July 1937, mental hygienists from forty-two countries gathered in Paris for the Second International Congress on Mental Hygiene.⁸² The event was supposed to continue a

⁸¹ Hans-Walter Schmuhl, "Die Patientenmorde," in *Vernichten und Heilen: Der Nürnberger Ärzteprozeß und seine Folgen*, ed. Angelika Ebbinghaus and Klaus Dörner (Berlin: Aufbau Verlag, 2001), 305-06; Hohendorf, "Therapieunfähigkeit als Selektionskriterium."; Hans-Walter Schmuhl, "Die Selbstverständlichkeit des Tötens: Psychiater im Nationalsozialismus," *Geschichte und Gesellschaft* 16, no. 4 (1990).

⁸² Hans Aloys Schmitz, "Der Zweite Internationale Kongreß für Psychische Hygiene in Paris vom 19. bis 25. Juli 1937," *Zeitschrift für psychische Hygiene* 10, no. 4/5 (1937); Russell E. Blaisdell, "Resume of Papers Presented at

tradition that had started seven years earlier in Washington D.C. and had been planned since then. However, the movement was not able to repeat its earlier success. Due to rising political tensions in Europe, the ongoing Spanish Civil War, and dire economic conditions, the congress, which was initially planned for 1933, was postponed several times. Despite the *Exposition Internationale des Arts et Techniques dans la Vie Moderne* taking place at the same time, and a number of parallel psychiatric congresses, no more than 300 to 400 participants found their way to Paris, most of them Europeans. This was only about one-tenth of the number of participants at the 1930 congress, and ten countries which had been present in Washington D.C. had not even sent delegations to Paris, among them Soviet Russia.⁸³

The 1930 congress had stood under the sign of international cooperation, and the fault lines of the movement had been blanketed under a rhetoric of mutual progress. In 1937, long-standing political and scientific divides in the international movement came to the fore. While many other topics like institutional reform, education, and the creation of international standards in terminology were also discussed, the question of heredity and the German eugenics legislation clearly dominated the meeting. In particular, a heated debate following the lecture by Ernst Rüdin, head of the German delegation, on the role of eugenics in psychiatric prophylaxis dispelled the illusion of mental hygiene as a unified movement. Unsurprisingly, what Rüdin presented was the official position of the "Third Reich," based on a detailed overview of the latest results of the genetic research by German psychiatrists, he argued that heredity played a key role in the development of mental illness, and, due to its dramatic impact on public health, compulsory measures were legitimate and necessary.⁸⁴ At least two subsequent papers directly contradicted Rüdin's elaborations. The Polish-French psychiatrist Françoise Minkowska (1882-1950) pointed out that the mechanisms and the role of heredity were still too little understood as to allow for such drastic and far-reaching measures.⁸⁵ The American Howard W. Taylor used the experience of the compulsory sterilization legislation that had been in effect in California since 1909 to contend that the actual effects of such measures on the prevalence of psychiatric

the International Congress on Mental Hygiene Held at Paris, July 19-24, 1937," *Psychiatric Quarterly* 12, no. 1 (1938).

⁸³ Schmitz, "Der Zweite Internationale Kongreß für Psychische Hygiene," 119.

⁸⁴ Ernst Rüdin, "Bedingungen und Rolle der Eugenik in der Prophylaxe der Geistesstörungen," *Zeitschrift für psychische Hygiene* 10, no. 4/5 (1937).

⁸⁵ Schmitz, "Der Zweite Internationale Kongreß für Psychische Hygiene," 120.

illnesses were much smaller than commonly assumed. Even if all feeble-minded were sterilized, Taylor claimed, “it would require 8,000 years to eliminate these defects.”⁸⁶

The German and the American perceptions of the congress differed strongly. In the German mental hygienists’ journal, Hans Aloys Schmitz (1899-1973), a child psychiatrist and colleague of Kurt Pohlisch in Bonn,⁸⁷ proudly reported that the audience had largely joined in with Rüdin’s call for “active eugenic measures,” and that the misunderstandings about the German legislation had been quickly cleared up. The American *Psychiatric Quarterly* by contrast stressed the “unanimity of opinion in opposition to compulsory sterilization,” and quoted extensively from Taylor’s statement against Rüdin’s lecture, which was almost completely missing from the German account.⁸⁸ Despite the growing rift in the movement for mental hygiene, Rüdin still appealed to its internationalist and progressive ethos as part of the “Third Reich’s” international propaganda. With Nazi Germany preparing for war, its leading psychiatrist called for peace in the name of racial hygiene:

Not loudly and solemnly enough, not too often, can eugenics raise its warning voice against the genocidal (*völkermörderisch*) scourge of war. Today, this is probably its most important role in the prophylaxis of mental disorders; because for victors and vanquished alike, war only leaves the mentally inferior to reproduce, while the carriers of mental balance and mental health are carried off by the thousands, even by the millions. [...] The coming age must serve the peaceful development and competition of racial hygiene among the cultural nations, and their psychiatric eugenics in particular.⁸⁹

These statements were not Rüdin’s solitary and independent reflections, but part of an official propaganda of the “Third Reich” targeted at international audiences. As historian Sheila Faith Weiss has pointed out, one way in which German science and politics served as “resources for each other” after 1933, was that scientists contributed to the foreign policy of the “Third Reich” by internationally presenting the image of Germany as a potent scientific nation. Moreover, scientists concerned with medicine and genetics lent their expertise to provide the legitimacy

⁸⁶ Blaisdell, “Resume of Papers,” 27.

⁸⁷ On Schmitz, see Forsbach, *Die Medizinische Fakultät*, 216-20.

⁸⁸ Schmitz, “Der Zweite Internationale Kongreß für Psychische Hygiene,” 120; Blaisdell, “Resume of Papers,” 27.

⁸⁹ Rüdin, “Bedingungen und Rolle der Eugenik in der Prophylaxe der Geistesstörungen,” 108.

for the regime's racial hygiene policies – not only in Germany, but also abroad.⁹⁰ Consequently, the participation of German scientists in international conferences was closely monitored by the Nazi authorities. In 1934, a “German Congress Center” (*Deutsche Kongress-Zentrale*) had been established as a division of Josef Goebbels's Ministry for Propaganda and Public Education (*Ministerium für Propaganda und Volksaufklärung*); from 1936, the participation of German scientists in conferences abroad had to be authorized by the Center. Critical scientists were barred from participating in international conferences, and those allowed to travel were required to be organized in delegations with a delegation leader, had to meet with German officials in the foreign country, and had to submit reports on their activities. By 1938, the German Congress Center issued a set of “guidelines,” which further specified the rules that scientific delegations had to follow when representing Germany on the international stage. In particular, members of the delegation were not to contradict each other on matters pertaining to Nazi ideology, and had to present a unified front against every criticism of the German position.⁹¹ In hindsight, and against this backdrop, Rüdin's appeal to the pacifist mission of the international movement for mental hygiene reads like its tragic epigraph.⁹² Three years later, German troops invaded the venue of the Second International Congress on Mental Hygiene, and a third congress, planned for 1940 “somewhere in South America,” never took place.⁹³

MUNICH, 1938

Before the war eventually severed the networks of the international movement for mental hygiene, two more large meetings took place in Europe; in Munich in August 1938, and in Lugano in Switzerland in June 1939. Both were part of a series of events called the “European Assembly on Mental Hygiene,” (*Europäische Vereinigung für psychische Hygiene*), with previous meetings having been held in Rome (1933), Brussels (1935), and London (1936). In Munich as well as in Lugano, mental hygiene's role in the fostering of international understanding and the prevention of a looming war was solemnly and verbosely conjured – cynically in the first case, desperately in the second.

⁹⁰ Weiss, *The Sword of Our Science*.

⁹¹ Ibid., 7-9.

⁹² Schmitz, “Der Zweite Internationale Kongreß für Psychische Hygiene.” See also Thomson, “Mental Hygiene as an International Movement,” 286.

⁹³ Blaisdell, “Resume of Papers,” 26.

When representatives of the European mental hygiene associations gathered for their fifth meeting in Munich from 22 to 25 August 1938, the political situation had drastically deteriorated since the congress in Paris. Earlier in the same year, Nazi Germany had annexed Austria, and during the summer, German demands over the Sudetenland and threats against Czechoslovakia became increasingly aggressive. By August, Europe was on the brink of war. Troops had been mobilized, and diplomatic efforts to mitigate the crisis remained without result. Less than three weeks before the infamous Munich Agreement, Ernst Rüdin opened the V. European Assembly on Mental Hygiene in the same city and welcomed the delegates from abroad, representatives of the state, the city of Munich, the Wehrmacht and the party with his own version of “peace for our time.”⁹⁴ This kind of international congress, he claimed, would foster both professional and private exchange, and learning to know each other would also contribute to the mutual understanding of the nations: “May the Munich Conference on Mental Hygiene not only lead to a productive scientific discussion of current problems, but also to a personal rapprochement of its participants and to a peaceful understanding of the nations to which we belong!”⁹⁵ That this statement has to be seen in the context of the official German foreign policy propaganda is not only apparent due to the time and place of the high-profile meeting and Rüdin’s unique position at the intersection of politics and science in the “Third Reich.” It was also corroborated in a loyal address (*Ergebenheitstelegramm*) that was cabled to Adolf Hitler on the same day:

The participants of the V. European delegate conference on mental hygiene assembled in Munich and the representatives of 11 European nations present their respectful compliments to the Führer and Reich Chancellor. The conference not only wants to serve current and scientific discussions, but also the peaceful political and personal understanding among the nations of Europe. Rüdin.⁹⁶

More than a hundred participants had come to the conference, which took place in the auditorium of the psychiatric and neurological clinic of the University of Munich. Although the political situation was fraught with tension, there were twenty-eight foreigners among them –

⁹⁴ Hans Roemer, "Die V. Europäische Vereinigung für psychische Hygiene in München vom 22. bis 25. August 1938," *Zeitschrift für psychische Hygiene* 12, no. 1 (1939): 5.

⁹⁵ Ibid., 6.

⁹⁶ Ibid., 7.

not including the Austrians, who now were listed as representatives of the German Eastern March (*Ostmark*). Most of the participants were professionals from different fields of mental care, but the state authorities also showed considerable interest. Both the Ministry of the Interior and the *Reich* health office had send their delegates, and so had the health administrations of several federal states, the Wehrmacht, and the Nazi party itself.⁹⁷ To some extent, this was a direct outcome of the penetration of most aspects of science and society by the Nazi state, but it also showed the relevance that the “Third Reich” attributed both to the eugenic brand of mental hygiene represented by Rüdin and to the representation of German science on the international stage. Herbert Linden (1899-1945), delegate of the Ministry of the Interior, stated on behalf of Minister Wilhelm Frick (1877-1946): “The German government gives utmost attention to the efforts of mental hygiene. In these nerve-racking times, the mental health of the population must be particularly cared for.”⁹⁸ As Linden, who little later became one of the main organizers of the “euthanasia” program, believed, mental hygiene could fit in seamlessly with Nazi Germany’s public health policy, which – from “strength through joy” (*Kraft durch Freude*) to racial hygiene – was occupied with “maintaining the health of the productive.”⁹⁹

The Munich conference comprised of three sessions, dealing with eugenics, drug abuse, and occupational therapy. Unsurprisingly, like in Paris in the previous year, eugenics were the first and most prominent topic, with the Swiss psychiatrist and psychotherapist Walter Morgenthaler and Ernst Rüdin discussing the issue of “marriage prophylaxis and mental hygiene.”¹⁰⁰ Morgenthaler advocated the introduction of a variety of measures to promote marriages that would produce healthy offspring, including marriage counselling and health certificates. Notably, he seemed especially concerned about how eugenics policies might unintendedly affect gender relations on an evolutionary scale. By increasing the competition on the matrimonial market, eugenic policies would create a situation in which particularly determined and energetic women would have the advantage. Morgenthaler pondered: “If this kind of selection, which directly breeds a type of strong and reckless woman, is for the good of the whole nation is questionable.”¹⁰¹

⁹⁷ Ibid., 4.

⁹⁸ Ibid., 6. On Linden, see Klee, *Personenlexikon zum Dritten Reich*, 373.

⁹⁹ Roemer, “Die V. Europäische Vereinigung für psychische Hygiene,” 6.

¹⁰⁰ For the full lectures, see Walter Morgenthaler, “Heiratsprophylaxe und psychische Hygiene,” *Zeitschrift für psychische Hygiene* 11(1938); Ernst Rüdin, “Heiratsprophylaxe und psychische Hygiene,” *Zeitschrift für psychische Hygiene* 11(1938).

¹⁰¹ Roemer, “Die V. Europäische Vereinigung für psychische Hygiene,” 15.

While Morgenthau's lecture was mostly speculative, Rüdin's statements were directly connected to the existing eugenic legislation in the "Third Reich," namely the Law for the Protection of the Hereditary Health of the German People (*Gesetz zum Schutze der Erbgesundheit des deutschen Volkes*, 18 October 1935), which barred individuals suffering from a number of purportedly hereditary diseases from marrying. Against this backdrop, Rüdin repeated one of the main categorical phrases of the Nazi's notion of the nation as an organic community – "the common interest precedes the self-interest" – and maintained that individual decisions about marriage and procreation had to be subordinated to the collective health of the nation as a whole. However, as specific guidelines were concerned, the "Third Reich's" chief geneticist took a probing stance. With clear scientific indications not yet reached, eugenic counselling for couples wanting to get married was still to be left to the discretion of the individual physician. Rüdin's moderate position was not just an attempt to tone down his views for an international audience. From a eugenic perspective, the 1933 Law for the Prevention of Hereditarily Diseased Offspring had already created the possibility to remove carriers of hereditary illnesses from the nation's genetic pool; and while this law targeted individuals with diseases that were relatively easy to recognize, the complementary marriage law was only relevant in cases that were below a certain diagnostic threshold or in which the hereditary defect was latent in the present generation.

Rüdin's lecture was without doubt the central piece of the 1938 Munich conference. As shown above, propagating and legitimizing the eugenic policies of the "Third Reich" to professional audiences nationally and internationally was the main reason why the German Association for Mental Hygiene and Racial Hygiene continued to exist in relative independence after 1933, and this was what had motivated the decision to bring the European meeting to Germany. However, other issues continued to occupy mental hygienists internationally, with new topics emerging and older debates resurfacing. The second panel of the meeting was devoted to one of the newer topics.¹⁰² As first speaker L. Stanojewitsch from Belgrade pointed out, alcoholism had become less prevalent than it had been before the First World War, but a new challenge to public health had emerged in the form of various drugs and intoxicants. While the problem was already recognized by physicians, there was no coherent policy and legislation yet. To some extent, this

¹⁰² Ibid., 15-26.

new phenomenon certainly was a side-effect of the rise and diversification of a chemical industry in the first third of the twentieth century; but medicine itself was also part of the equation. Unlike alcoholism, against which psychiatrists had campaigned for decades by then, the new forms of drug abuse relied on substances that had been introduced as pharmaceuticals and were often provided by physicians and pharmacists. The statements from the delegates of various countries seem to indicate that most European states were faced with a similar situation, but in Nazi Germany the topic could not be separated from the ruling racial ideology. The two German delegates who lectured about the prevention of drug abuse, the afore-mentioned Kurt Pohlisch and his protégé Friedrich Panse (1899-1973), were both zealous adherents of the racial hygiene policies of the “Third Reich” and became directly involved in the mass murder of psychiatric patients and disabled people as experts for the “T4” program two years later.¹⁰³ For Pohlisch, the drug problem was rooted in biology, as those who developed addictions were usually hereditarily defective “psychopaths.” Moreover, he claimed, the use of different drugs by different nations would also corroborate the idea of racial differences; in particular, Pohlisch believed, the fact that in European countries Jews were far more likely to be morphine addicts than alcoholics was proof of their distinct racial biology.¹⁰⁴

The third panel of the Munich meeting revisited a topic that had already dominated the debates of German mental hygienists a decade earlier, but had virtually vanished in the meantime – occupational therapy. Since the late 1920s, occupational therapy as a program for institutional reform had lost some of its momentum and in the debates on mental hygiene had been almost completely pushed aside by the eugenic paradigm. In the every-day life in the asylum, it remained the prevalent form of treatment, although the relative number of patients who were occupied dropped as cuts in the funding of the asylum system reduced the available resources and the ratio of nurses per patients. At the same time, however, the economy crisis also produced incentives to exploit the work force of the patient population in agriculture and for the maintenance of the institution. Research in the history of occupational therapy is still fragmentary and has in many cases focused only on individual institutions. Nevertheless, recent studies indicate that for occupational therapy, the year 1933 was not a clear-cut caesura, and

¹⁰³ See also Kurt Pohlisch and Friedrich Panse, *Schlafmittelmisbrauch* (Leipzig: Thieme, 1934). On Friedrich Panse, see Ralf Forsbach, "Friedrich Panse – etabliert in allen Systemen: Psychiater in der Weimarer Republik, im 'Dritten Reich' und in der Bundesrepublik," *Der Nervenarzt* 83, no. 3 (2012). More broadly on Pohlisch and Panse, Forsbach, *Die Medizinische Fakultät*, 200-16.

¹⁰⁴ Roemer, "Die V. Europäische Vereinigung für psychische Hygiene," 16-17.

that there was no sudden shift from a “good,” therapeutic to a “bad”, exploitative use of work in the asylum, as has occasionally been claimed.¹⁰⁵ As discussed in more detail earlier in this section, with its specific notion of work, occupational therapy could transition seamlessly from the Weimar welfare state to the Nazi’s utilitarian approach to health care. In his theoretical writings and his correspondence, Hermann Simon had in fact already carried out this transition long before 1933. The increasing separation of patients according to their ability of perceived willingness to work and the retraction of resources from untreatable patients had already been an integral part of the theory and practice of occupational therapy before 1933. The economic crisis and the Nazi’s health policy amplified these tendencies, but it was only with the “euthanasia” program that this rationale reached its deadly conclusion.¹⁰⁶

There were two reasons why occupational therapy, after being almost entirely absent from the mental hygiene discourse in Germany for several years, reappeared at the 1938 conference. First, it was a matter of national prestige, and part of the propagandist function of the event. Since the mid-1920s, occupational therapy had received considerable international attention, and Hermann Simon’s Gütersloh clinic had become somewhat of a pilgrimage site for reform-minded asylum psychiatrists from abroad. Although it was widely adopted in many countries, it was still perceived as a genuinely German invention, and therefore, a discussion about the advances and accomplishments of occupational therapy was a possibility to showcase German psychiatry’s groundbreaking therapeutic achievements.

Second, the Munich conference also coincided with a moment of generational change in the history of occupational therapy. It marks the end of Hermann Simon’s career, and the rise of Carl Schneider (1891-1946) as the main theorist of psychiatric therapy.¹⁰⁷ Both men were

¹⁰⁵ Maike Rotzoll, "Rhythmus des Lebens: Arbeit in psychiatrischen Institutionen im Nationalsozialismus zwischen Normalisierung und Selektion," in *Arbeitsrhythmus und Anstaltsalltag: Arbeit in der Psychiatrie vom frühen 19. Jahrhundert bis in die NS-Zeit*, ed. Monika Ankele and Monika Brinkschulte (Stuttgart: Franz Steiner, 2015), 202.

¹⁰⁶ Hohendorf, "Therapieunfähigkeit als Selektionskriterium."; Rotzoll, "Rhythmus des Lebens."

¹⁰⁷ On Schneider, see Christine Teller, "Carl Schneider: Zur Biographie eines deutschen Wissenschaftlers," *Geschichte und Gesellschaft* 16, no. 4 (1990); Gerrit Hohendorf, Volker Roelcke, and Maike Rotzoll, "Innovation und Vernichtung: Psychiatrische Forschung und 'Euthanasie' an der Heidelberger Psychiatrischen Klinik 1939-1945," *Der Nervenarzt* 67, no. 11 (1996). His participation in the 1938 conference was not Schneider’s first contact with the mental hygiene movement; in 1930 he had already been involved in the preparations for the section on mental hygiene at the Dresden hygiene exhibition, Carl Schneider, "Seelische Hygiene," in *Internationale Hygiene-Ausstellung Dresden 1930: Amtlicher Führer* (Dresden: Verlag der Internationalen Hygiene-Ausstellung, 1930).

present at the conference and gave extensive statements in the discussion on occupational therapy. Simon, who was seventy-one years old at the time of the conference, had already retired in 1934. While his relation with the Nazi authorities was uneasy, he did not depart from his markedly social-Darwinist views about the function of occupational therapy and the importance of work for society in general.¹⁰⁸ In 1938, Simon briefly returned to a number of professional meetings to draw a resume of his activities in the previous decades.¹⁰⁹ At the same time, his younger colleague Schneider was preparing his seminal textbook on the “treatment and prevention of mental disorders” (*Behandlung und Verhütung der Geisteskrankheiten*), which would be published in the following year.¹¹⁰ While previous psychiatric textbooks had focused on diagnosis, Schneider shifted the focus towards therapy; his book was the first comprehensive and systematic summary of the range of new therapeutic methods available to psychiatrists on the eve of the Second World War.¹¹¹ Largely based on Schneider’s own experiences at the university clinic at Heidelberg, it was a characteristic expression of a therapeutic optimism at the end of the 1930s that relied equally on eugenics, a range of different shock treatments, and the use of occupational therapy. However, although the title promised a textbook on “treatment and prevention,” the focus was clearly on treatment. While the notion of “mental hygiene” was employed by Schneider, his understanding of psychiatric prevention was largely limited to eugenics, and to some specialized care for hereditarily defect borderline cases.¹¹² Other aspects of mental hygiene, Schneider claimed, had been realized as part of the “national socialist regeneration of Germany,” which had improved the physical and mental health of the people, and marked a new phase in the fight against alcohol, syphilis and morphine addiction:

The importance for mental hygiene of the many truly socialist institutions of the Third Reich, of the NS. organization Strength through Joy, of physical exercise, of education in various formations, of health leadership (*Gesundheitsführung*) in the Hitler Youth

¹⁰⁸ Walter, "Hermann Simon," 1053.

¹⁰⁹ Hermann Simon, "Ergebnisse einer aktiveren Krankenbehandlung in der Heil- und Pflegeanstalt," *Deutsche Medizinische Wochenschrift* 64(1938); Beddies, "Aktivere Krankenbehandlung," 272-73.

¹¹⁰ Carl Schneider, *Behandlung und Verhütung der Geisteskrankheiten: Allgemeine Erfahrungen, Grundsätze, Technik, Biologie* (Berlin: J. Springer, 1939).

¹¹¹ Beddies, "Aktivere Krankenbehandlung," 279.

¹¹² Schneider, *Behandlung und Verhütung der Geisteskrankheiten*, 421-82.

and of the public health leadership (*Volksgesundheitsführung*) in general with its care for all working Germans, cannot be overstated.¹¹³

While his concept of occupational therapy was strongly influenced by Simon's approach, Schneider went beyond the model provided by his older colleague in two ways. On the one hand, his reflections on psychiatric reform were far more comprehensive and systematic; for Schneider, occupational therapy was the "foundation" (*Grundstock*) of an integrated system of mental care.¹¹⁴ On the other hand, he also extended the use of occupational therapy from chronic patients in the asylum, for whom Simon had originally devised his method, to acute cases in the university clinic. This was however not the only way in which Schneider surpassed Simon. The dialectic of "healing and annihilation" was already spelled out in Simon's writings, but it was Schneider who proceeded to action. Schneider advocated the killing of untreatable patients as a last resort and a complementary part of psychiatry's therapeutic orientation; as an expert in the "T4" program, he became directly involved in the murdering of psychiatric patients after 1940. Moreover, as a keen scientist, Schneider used the exceptional situation during the war and the "euthanasia" program to conduct foundational research using the brains of victims. On Schneider's behest, numerous mentally disabled children were sent to the Eichberg asylum, where they were killed so that their brains could be used for his research.¹¹⁵

Little more than a year before Nazi Germany began both its attack on Poland and on the lives of the mentally ill, the Munich conference did all it could to convey an illusion of normalcy. Against the backdrop of rising political tensions and German psychiatry's gradual eugenic radicalization, the participants of the V. European Assembly on Mental Hygiene enjoyed a close-packed social program. On Monday, they dined in the ceremonial hall of the old city hall, and on the following day were given a reception by the *Reich* government in a lavish lake house in Munich's English Garden. There, the foreign guests were greeted on behalf of the Minister of the Interior Wilhelm Frick and his head of department (*Ministerialdirektor*) Arthur Gütt (1891-1949) by undersecretary (*Ministerialdirigent*) Fritz Cropp (1887-1984).¹¹⁶ In retrospect, the close personal connection between mental hygiene and Nazi Germany's racial hygiene

¹¹³ Ibid., 422.

¹¹⁴ Teller, "Carl Schneider," 472-73.

¹¹⁵ Ibid., 475-77.

¹¹⁶ Klee, *Personenlexikon zum Dritten Reich*, 98.

policies is striking. Arthur Gütt was the main responsible for the Law for the Prevention of Hereditarily Diseased Offspring, while Fritz Cropp – together with his subordinate Herbert Linden, who had held the welcome address of the conference – soon became directly involved in the organization and administration of the “Action T4.” On Thursday, 25 August 1938, the participants of the conference visited the mental institution at Eglfing-Haar in the vicinity of Munich. In the following years, about two thousand patients were transferred from there to the killing centers of the “euthanasia” program; after the end of the centralized “Action T4,” the asylum itself became the site of numerous killings.¹¹⁷

At the time of the conference, these atrocities of Nazi psychiatry still lay in a not-so-far future, but state-sanctioned eugenic policies were already in place and the increasing radicalization of the racial hygiene discourse was conspicuous in many statements of the German delegates. Nonetheless, while critics of eugenics, political opponents of the “Third Reich,” and Jewish mental hygienists had probably stayed away from the event, the delegates of the European mental hygiene associations played along. As far as can be told from the conference proceedings published in Germany, no public criticism of the Nazi’s medical and racial policies was voiced in Munich. Instead, Eugenio Medea (1873-1967), a delegate from fascist Italy, spoke on behalf of the European associations when he lauded “German psychiatry, the city of Munich, and the rise of the Third Reich with words of enthusiasm.”¹¹⁸

COMPREHÉNSION MUTUELLE

The next European assembly, held in Lugano in the south of Switzerland from 4 to 6 June 1939, was the last meeting of the international movement for mental hygiene before the Second World War. It also was an event of a very different kind. Whereas the Munich conference in 1938 had been little more than a propaganda event by and for the “Third Reich,” in the following year the Swiss hosts tried to rekindle mental hygiene’s cosmopolitan and utopian spirit. For the first time in the history of these meetings, a single topic had been set as an overarching theme for the whole conference, and in the context of the summer of 1939 the choice of topic – *compréhension mutuelle*, “mutual understanding” – could hardly have been any more political.

¹¹⁷ Petra Stockdreher, “Heil- und Pflegeanstalt Eglfing-Haar,” in *Psychiatrie im Nationalsozialismus: Die Bayerischen Heil- und Pflegeanstalten zwischen 1933 und 1945*, ed. Michael von Cranach and Hans-Ludwig Siemen (Munich: Oldenbourg, 1999).

¹¹⁸ Roemer, “Die V. Europäische Vereinigung für psychische Hygiene,” 53.

The aim of the conference was to create a kind of mutual understanding not only among the mental hygienists from different European countries, but also among their respective nations. There was something desperate, and perhaps even quixotic, about this attempt to stop a war that by then already seemed unavoidable with a meeting of psychiatrists. Remembering the conference in Lugano, the Swiss psychiatrist Max Müller (1894-1980) later wrote:

The mood was particularly somber at a conference that [André] Repond as president of the Swiss Committee for Mental Hygiene convened in Lugano after the meeting of the SGP [*Schweizer Gesellschaft für Psychiatrie*, Swiss Psychiatric Association] in June 1939. It was supposed be international, and was to deal with a single topic, *compréhension mutuelle*! Did Repond really believe that a meeting and an understanding of psychiatrists from different countries could still change anything about what was unavoidably coming to us? I don't think this can be ruled out. There were true believers in progress like him, [Walter] Morgenthaler, [Oscar] Forel, and others more, who seriously believed that "mental hygiene" only had to be sufficiently organized and supported internationally in order to change great politics and the world in general.¹¹⁹

SWISS PSYCHO-UTOPIANISM

Switzerland was certainly the right place for such a meeting. Its proud tradition of neutrality had kept the country out of the First World War, and in the decades since, it had become the home of many institutions of the League of Nations. By then, the rise of fascist regimes and the escalating political tensions in Europe had revealed the League's structural deficiencies and its inability to maintain a peaceful post-war order. Nevertheless, in 1939 the organizers of the mental hygiene assembly could still appeal to a lofty idea of enemy nations meeting on neutral ground to peacefully resolve their differences that seemed more plausible in Switzerland than it would have elsewhere. The other reason why the theme of mutual understanding was particularly well-set against the panorama of the Swiss Alps was that, as a multi-language society, the Swiss had a long-standing routine in dealing with such problems in every-day life. Among the organizers of the conference, there may well have been some hope that this spirit of understanding – together with the Swiss confederates' proverbial sense of liberty, equality, and

¹¹⁹ Müller, *Erinnerungen*, 251.

civic duties – would also rub off on their international visitors. In the Italian welcome address of the left-wing socialist state counsellor (*conseiller d'état*) of the canton of Ticino, Guglielmo Canevascini (1886-1965), the notion of mutual understanding was directly linked to the “immortal and transboundary” principles of the Swiss polity, which would have to become “the basis of tomorrow’s Europe.”¹²⁰ Inspired by these principles, mental hygiene would become a utopian idea leading the way through these troubled times:

Certainly, to speak of mutual understanding, of prophylaxis and of cure, while in the world rivalry, discord and hate prevail, while the nations are concentrating their efforts and squandering their wealth on weapons and preparations for war, might seem anachronistic and perhaps tragically ironic.

But you are men of safe faith, who look at the future. – And you think like I do, that mental hygiene will also take hold with the men leading the nations, that reason will still triumph, and that the nations, after the hardships that have been suffered, will come to understand each other and finally establish the basis for a solid and fruitful collaboration.¹²¹

This was an emphatic utopianism that had completely vanished from the German debates on mental hygiene after the times of the First International Congress in Washington D.C. back in 1930. It had not survived the economy crisis, the rise of the Nazis, and – finally – the death of its most convinced exponent Robert Sommer in 1937. In Switzerland, by contrast, this kind of psycho-utopianism had older and more resilient roots. As has been discussed in detail in chapter IV, long before the emergence of an international movement for mental hygiene, Auguste Forel had blended individual psychiatric prophylaxis, radical eugenics, pacifism, cosmopolitanism and socialist ideas into a psycho-political ideology of his own.

The group of men that came to dominate the Swiss Committee for Mental Hygiene in the interwar period – André Repond, Walter Morgenthaler, Hans W. Maier, and Auguste Forel’s son Oscar Forel – did not subscribe to the same socialist agenda but remained loyal to the central

¹²⁰ On Canevascini, see Gabriele Rossi, "Canevascini, Guglielmo," *Historisches Lexikon der Schweiz* (Berne 2005), <http://www.hls-dhs-dss.ch/textes/f/F3499.php>.

¹²¹ Guglielmo Canevascini, "Discours d'ouverture," *Gesundheit und Wohlfahrt - Revue Suisse d'Hygiene* 18, no. August/September (1939): 347-48.

utopian moments of Forel's thought – including, but not limited to, eugenics.¹²² Their understanding of psychiatry and mental hygiene was much broader than that of most of their German colleagues. In particular, and as the program of the conference in Lugano shows, Swiss mental hygienists were far more inclined to include psychoanalysts in their meetings, and psychoanalytic ideas into their own writings. To some extent, this outlook may have been a result of their scientific upbringing. Repond, Morgenthaler, and Maier had been students of Eugen Bleuler at the Burghölzli hospital in Zurich, where they had seen that psychoanalysis and mainstream psychiatry were not mutually exclusive.¹²³ Notably, their efforts to move beyond the traditional disciplinary boundaries of psychiatry were not limited to mental hygiene, and predated the emergence of the movement in the German-speaking countries. Together with Erwin Stransky and Karl Jaspers, Maier and Repond had been among the original members of the editorial board of Morgenthaler's "studies in applied psychiatry" (*Arbeiten zur angewandten Psychiatrie*) in the early 1920s, while Oscar Forel later joined the editorial board for the series' last installment in 1941.

The idea that mental hygiene could be more than the prevention of mental disorder on the scale of the individual and the collective was particularly pronounced in the Swiss branch of the movement well before the 1939 conference. For the Swiss committee's president André Repond, mental hygiene went far beyond a mundane program for the reform of psychiatric institutions. He was convinced that, as a holistic reform project, mental hygiene would not only change mental health care, but had the potential to remake society at large. Like many protagonists of the mental hygiene movement in the United States, Repond adhered to an optimistic interpretation of psychoanalysis, believing that the irrational and atavistic impulses in the individual psyche could be warded off if the underlying dynamics were rationally understood. Moreover, as the same mechanisms were at play in the individual mind and in collective psychology, mental hygienists' knowledge about the human soul and their expertise in the prevention of mental illness could also become a remedy for political ills. This kind of psycho-political intervention on the part of mental hygiene, Repond believed, was urgently needed in the interwar period. Echoing the psychiatric diagnoses of the immediate post-war

¹²² Repond, "Die Bewegung für psychische Hygiene in der Schweiz."

¹²³ Zbinden, "L'organisateur: André Repond (1886-1973)."; Balmer, "Walter Morgenthaler."; Koelbing-Waldis, "Maier, Hans Wolfgang".

period of the First World War, and perhaps not without a grain of truth, he wrote as early as 1931:

In Europe right now, we are witnessing the violent irruption of archaic, irrational forces into politics. The relations among the nations are ridden by aggressive tendencies. Anxious reticence, the wish for oppression, for the suppression of others, the politics of the great European nations today amount to nothing more than that. Collective hysteria, an anxiety neurosis; that is what the diagnosis of current European politics would have to be.

The question is how psychology, in a way that is elucidating and mitigating, can intervene in this disastrous play of irrational powers. For without doubt, it is about the subsistence or the destruction of civilization.¹²⁴

Repond's view of politics was largely based on the psychoanalytic re-reading of Gustave Le Bon's crowd psychology in Sigmund Freud's *Massenpsychologie und Ich-Analyse* (1921).¹²⁵ Like many colleagues before him, he was particularly concerned with the relation of the masses and their charismatic leaders, which he found to be an extension of the psychological dynamics of the individual and inside the family. While members of the mass recognized in the leader a father-figure with which they could identify, the leaders themselves were often driven "by the unhealed wounds of childhood" or by the need to "finally act out the revolt against their father that they never dared."¹²⁶ Where Repond departed from Freud was that for him, psychology and psychiatry could not only be extended from the individual and the family to society and politics in terms of diagnosis, but also in terms of therapy. Mental hygiene's political role as Repond saw it, was to educate the masses about the psychological dynamics that were at play in politics, enabling them to see through the "empty phrases" of demagogues, and to choose better leaders. The underlying utopian vision was that of rational politics, from which the dangerous irrational, emotional, and atavistic impulses had been eliminated. In brief, psychological knowledge was to be used to exorcise the psychological from politics – or, as some might say, the political from politics. Notably, what was apparently absent from Repond's

¹²⁴ André Repond, "Geistige Hygiene und Politik," *Zeitschrift für psychische Hygiene* 4, no. 6 (1931): 183.

¹²⁵ Sigmund Freud, *Massenpsychologie und Ich-Analyse* (Leipzig, Vienna, and Zurich: Internationaler Psychoanalytischer Verlag, 1921).

¹²⁶ Repond, "Geistige Hygiene und Politik," 183-84.

utopian repertoire, was the idea that the relation between masses and leaders as such could be reframed or overcome.

ELUSIVE POLITICS

Eight years later, the political situation in Europe had anything but improved. The rise of the Nazis in Germany had given the issue of charismatic leaders in politics a whole new dimension, and the kind of psycho-educative intervention on the part of mental hygiene envisioned by André Repond seemed more urgent now than ever. The choice of *compréhension mutuelle* as the overarching theme of the Lugano conference was a direct expression of this sense of mission, and the Swiss setting added to its already highly charged symbolism. However, what Guglielmo Canevascini, as a left-wing socialist state official on the cantonal level, could explicitly voice was more problematic for some of the international participants. Throughout the conference, the notion of mutual understanding often eluded a straight-forward political interpretation, and was framed in more general terms and different disciplinary contexts. Arguably, the inherent broadness and elusiveness of the concept was a necessary condition for the conference to even take place under the given political circumstances. At the same time, this relatively broad and abstract topic also came with a shift away from a notion of mental hygiene limited to intra- and extra-mural clinical psychiatry, touching on questions of philosophy, sociology, and anthropology instead.

In the case of Ernst Kretschmer's (1888-1964) markedly clinical lecture about "constitutional retardation and the problem of social contacts," elusiveness became deliberate avoidance. Only at the very end of the talk did the political context briefly come into sight, when Kretschmer identified "dramatic verve, protests, and defiant rebellion against what is awe-inspiring, lasting, established, and authoritative" in adult life as residues of infantile retardation; but this was conservatism rather than Nazi ideology.¹²⁷ The second lecture given by a German poses a greater challenge for interpretation. The psychotherapist Hans von Hattingberg (1879-1944) spoke about the "role of the polar psychological types in understanding;" starting from Goethe and Schiller, it was a philosophical and psychological reflection on the characteristics of

¹²⁷ Ernst Kretschmer, "Die konstitutionelle Retardierung und das Problem des sozialen Kontakts," *Gesundheit und Wohlfahrt - Revue Suisse d'Hygiène* 18, no. August/September (1939): 372.

“introverted” and “extroverted” personality types as described by C. G. Jung in 1921.¹²⁸ Following lengthy and relatively abstract deliberations, the lecture took a surprising turn for the political when Hattingberg used the example of Jacques Rivière’s (1886-1925) *Les Allemands* (“the Germans”) to illustrate his ideas.¹²⁹ In this 1919 book, the French writer Rivière had recounted his experiences as a prisoner of war during the First World War, and discussed his insights into the German national character gained during this time. In 1939, this obviously was a topic charged with political emotions like few others. As Hattingberg saw it, Rivière’s description of the Germans confirmed his own view that the long-standing conflict between France and Germany was a conflict between introvert and extrovert national characters, respectively. The lecture ended on a somewhat enigmatic note with Hattingberg quoting Rivière’s statement that the extrovert Germans had started the First World War to be recognized and understood by the introvert French, and to realize their own identity through action.¹³⁰ It remains unclear whether this was a psychological essentialization of the Franco-German “hereditary enmity,” a defense of the German position, or if Hattingberg tried to speak from a position of equidistance.

Ernst Kretschmer and Hans von Hattingberg did not represent the biologicistic paradigm of racial hygiene, which was advocated by Ernst Rüdin and the likes and had dominated the German branch of the mental hygiene movement for a decade by then. Instead, both had strong connections to the emerging field of psychotherapy; an approach that, despite Robert Sommer’s efforts to integrate it in the mid-1920s, never became a part of the agenda of mental hygiene in Germany. Kretschmer was as a co-founder and, from 1930 to his resignation in 1933, the president of the General Medical Society for Psychotherapy (*Allgemeine Ärztliche Gesellschaft für Psychotherapie*, AÄGP).¹³¹ Hattingberg was an eclectic therapist, co-founder of the German General Medical Society for Psychotherapy (*Deutsche Allgemeine Ärztliche Gesellschaft für Psychotherapie*) in 1933, and since 1939 head of the research department of the German

¹²⁸ Hans von Hattingberg, “Die Bedeutung der polaren psychologischen Typen für die Verständigung,” *Gesundheit und Wohlfahrt - Revue Suisse d’Hygiène* 18, no. August/September (1939); Carl Gustav Jung, *Psychologische Typen* (Zurich: Rascher, 1921).

¹²⁹ Jacques Rivière, *L’Allemand: Souvenirs et réflexions d’un prisonnier de guerre* (Paris: Éditions de la Nouvelle Revue Française, 1919). Notably, a German translation was published on the occasion of the centenary of the First World War, Jacques Rivière, *Der Deutsche: Erinnerungen und Betrachtungen eines Kriegsgefangenen*, trans. Daniele Raffaele Gambone (Düsseldorf: Lilienfeld, 2014).

¹³⁰ Hattingberg, “Die Bedeutung der polaren psychologischen Typen für die Verständigung,” 387.

¹³¹ Bernhard Matz, “Die Konstitutionstypologie von Ernst Kretschmer: Ein Beitrag zur Geschichte von Psychiatrie und Psychologie des Zwanzigsten Jahrhunderts” (MD Diss, FU Berlin, 2000), 4-9; Lockot, *Erinnern und Durcharbeiten*, 74-79.

Institute for Psychological Research and Psychotherapy (*Deutsches Institut für psychologische Forschung und Psychotherapie*), the so called “Göring-Institute.”¹³²

Kretschmer and Hattingberg’s relations with the authorities of the “Third Reich” were complicated. In both cases, historians of medicine have grappled with the details of their biographies and political views, and often have reached no unequivocal conclusions. As a detailed discussion would go far beyond the scope of this study, some brief remarks will have to suffice. On the one hand, both men were certainly no dissidents – they would not have been allowed to travel to Switzerland in the first place if the authorities would have had serious doubts about their loyalty to Nazi Germany. In fact, Kretschmer and Hattingberg were well-established members of the medical and scientific community of the “Third Reich,” who were involved in the eugenic policies or in the attempts to create a new, German form of psychotherapy (*Neue Deutsche Seelenheilkunde*), respectively. They used the possibilities offered by the political circumstances to their advantage, and occasionally included aspects of the official ideology in their thought and writings. On the other hand, they were no Nazi zealots, and neither of them became a party member. In the case of Hattingberg, a certain reticence and distance towards the regime can be discerned from his private correspondence, but there is no evidence of any public opposition.¹³³ Kretschmer, by contrast, had a public reputation for being critical of the Nazis. In June 1933, he resigned from his position as president of the AÄGP, a move that historians have usually interpreted as the result of a political decision. In the next years, his relation with Nazi colleagues and authorities remained tense, but the situation never escalated and Kretschmer retained his scientific position and prestige.¹³⁴ What was important in 1939, was that both Hattingberg and Kretschmer could pass as German mental hygienists who were not too closely affiliated with the Nazi state and its racial hygiene policies. This is what made them acceptable to other participants of the conference, but from the Nazi regime’s point of view, this was also what made them the perfect scientific ambassadors of Germany in this specific setting.

¹³² Katharina Eva Keifenheim, “Hans von Hattingberg (1879-1944): Leben und Werk” (MD thesis, University of Tübingen, 2011); Katharina Eva Keifenheim, “Hans von Hattingberg between Psychoanalysis and National Socialism,” *Luzif Amor* 24, no. 48 (2011). On the institute, see Cocks, *Psychotherapy in the Third Reich*; Lockot, *Erinnern und Durcharbeiten*, 188-212.

¹³³ Keifenheim, “Hans von Hattingberg,” 286-93.

¹³⁴ Lockot, *Erinnern und Durcharbeiten*, 74-79; Matz, “Die Konstitutionstypologie von Ernst Kretschmer,” 4-9.

But the prominent role of Kretschmer and Hattingberg also hints to another characteristic aspect of the Lugano conference. *Compréhension mutuelle* could not only mean the understanding and rapprochement among hostile nations and their psychiatric representatives that the organizers hoped to achieve through mental hygiene, it could also refer to a mutual understanding inside and among the psy-disciplines. The mental hygiene movement was not been an exclusively psychiatric movement; from the beginning on, the idea of preventing mental illness and improving mental health care beyond the clinic and the asylum did not only appeal to psychiatrists working in these institutions, but also to members of other emerging disciplines – psychotherapists of different schools, psychologists, pedagogues, social workers, and others more. However, while it was generally agreed that these professions had a role to play in mental hygiene, the movement was clearly dominated by the psychiatrists, a tendency reinforced by the rise of eugenics and biologicistic approaches.¹³⁵ In Germany in particular, the psychotherapists had increasingly been pushed to the margins of the movement. For German psychiatrists like Ernst Rüdin or Carl Schneider, eugenic sterilization policies were the only effective form of mental hygiene, and all other approaches were merely subsidiary activities that would gradually become irrelevant as eugenics proceeded.¹³⁶

ANOTHER TAKE ON MENTAL HYGIENE

In Switzerland at the end of the 1930s, mental hygiene was understood in much broader terms. The reason was not that the local branch of the movement was dominated by members of other professions; like elsewhere, its leaders were mostly psychiatrists with a firm belief in eugenics. There was, however, a strong local tradition of a psychiatric involvement with psychotherapeutic and psychoanalytic approaches and ideas that had already begun before the First World War, and still shaped the stance of a number of Swiss psychiatrists a generation later. At the same time, this openness towards other psy-disciplines also went hand in hand with a much broader understanding of the philosophical, sociological, and anthropological implications of mental hygiene. Although he was an asylum director, the president of the Swiss national committee André Repond was the most vocal advocate of this all-encompassing notion of mental hygiene. In Washington D.C. in 1930 already, Repond had argued that mental hygiene

¹³⁵ Sioli, "Ausbildung der mit psychischer Hygiene befaßten Personenkreise."

¹³⁶ Schneider, *Behandlung und Verhütung der Geisteskrankheiten*, 421-23.

had to overcome the boundaries of clinical psychiatry and medicine in general.¹³⁷ By integrating psychoanalytic perspectives, mental hygiene could develop into a psycho-social practice for the sick and healthy alike, and would no more be confined to the treatment of mental patients and neurotics. In order to do so, Repond believed, mental hygiene had to develop an underlying philosophy; and while he remained vague about the details of this philosophy, he was certain that its social and cultural ambit would soon lead to a conflict with the churches and other social authorities with similarly encompassing claims. In a wording strongly reminding of Erwin Stransky's post-war writings on "applied psychiatry," Repond claimed that as a kind of secular religion, mental hygiene would eventually pave the way for a "complete regeneration of the human mind," and mental hygienists would become priest-like "experts of the human mind."¹³⁸

Evidently, Repond's notion of mental hygiene was more than social medicine, it was psycho-utopianism at its best. To some extent, however, his ideas emerged at an inherent fault line of the mental hygiene movement that was directly connected to medical questions. The prevention of mental illness was necessarily based on a theory of its causation, and mental hygiene was torn between the two poles between which psychiatry has oscillated throughout its history. The rift between biological and psycho-social explanations of mental illness went through the mental hygiene movement, and while some of its protagonists based their scientific self-understanding on the laboratory, biology, and the sciences, others tended towards psychological interpretation, hermeneutics, and the humanities and social sciences.¹³⁹ Far-reaching socio-medical and utopian ideas were not exclusive to either side, but took different shapes with psycho-pedagogical projects on the one side, and eugenic bio-politics on the other.

In the years before the Second World War, Swiss mental hygienists' penchant for psycho-social and pedagogical utopianism was strengthened by the arrival of Heinrich Meng (1887-1972). Meng, a psychiatrist and psychoanalyst who had been a co-founder and member of the short-lived Frankfurt Psychoanalytic Institute (*Frankfurter Psychoanalytisches Institut*) in 1929, emigrated from Germany to Basel in 1933 after the Nazis had forcibly closed the institute,

¹³⁷ Roemer, "Public Opinion," 284-85.

¹³⁸ Ibid., 285.

¹³⁹ See, for example, Erwin Stransky, "Richtungen der psychischen Hygiene: Nach einem Vortrag, gehalten am 9. Dezember 1931 in der Jahresversammlung der Gesellschaft für Volksaufartung und Erbkunde," *Wiener Klinische Wochenschrift* 45, no. 2 (1932).

demolished its library, and publicly burned the books.¹⁴⁰ Unlike many other German emigrants, he was welcomed with open arms in Switzerland – not least by André Repond, who recognized him as a “comrade-in-arms” (*Kampfgefährte*).¹⁴¹ In fact, although Meng’s career, with the exception of his training analysis with Paul Federn in Vienna in 1921, had been limited to Germany, he belonged to the same school as the Swiss mental hygienists. During his time as a student in Freiburg in the first decade of the century, Meng had made the acquaintance of Auguste Forel, and had been profoundly impressed by his demeanor and his ideas. “Social hygiene, mental hygiene, the education of the people, socialism, and pacifism were the main topics of our conversations,” he later remembered in his autobiography, omitting Forel’s distinctive views on race and eugenics.¹⁴² As a student already, Meng had tried to put the prophylactic ideas adopted from Forel into practice; in Freiburg in 1909, he participated in the creation of a local lodge of Forel’s teetotal “Good Templars.”¹⁴³

Before 1933, Heinrich Meng had not been affiliated with the institutions of the mental hygiene movement, and German mental hygienists had shown little interest in his attempts to put psychoanalysis in the service of public health. Nonetheless, psychiatric prophylaxis had been a crucial part of his work. Together with Paul Federn, he published a popular guide on psychoanalysis in 1926 (*Das psychoanalytische Volksbuch*). Under the heading “Hygiene” the book contained a whole nine chapters on the various uses of psychoanalysis for the prevention of mental disorders in adolescent and adult life.¹⁴⁴ At the time of its publication, it was not only the first attempt to popularize psychoanalysis through an explanation in laypeople’s terms, but also the most systematic and ambitious exploration of its potentials in social medicine and public health. Then already, Meng was particularly concerned with the application of psychoanalytic concepts and methods in pedagogy, and this educational approach became the pivotal element of his thought and professional activities in the decades to follow.

It was only in Switzerland that Meng became associated with mental hygiene. Yet, as he was not licensed as a physician, his activities and publications during the first years in Basel were

¹⁴⁰ Thomas Plänkner, “Hygiene der Seele: Heinrich Meng (1887-1972),” in *Psychoanalyse in Frankfurt am Main: Zerstörte Anfänge, Wiederannäherungen, Entwicklungen*, ed. Thomas Plänkner, et al. (Tübingen: edition diskord, 1996).

¹⁴¹ Meng, *Leben als Begegnung*, 86.

¹⁴² Ibid., 25.

¹⁴³ Ibid., 30-31.

¹⁴⁴ Federn and Meng, *Das psychoanalytische Volksbuch*.

mostly devoted to pedagogical topics, and it was through pedagogy, and not through medicine, that he found his way to mental hygiene. In 1936, a group of teachers and educators proposed the introduction of mental hygiene as a subject in teacher training and the creation of a corresponding teaching position for Meng. However, as the medical faculty considered mental hygiene a part of its area of responsibility and Meng was trained as a physician, the lectureship was eventually established in the medical school in 1937 as the first position of its kind at a European university. Despite this disciplinary detour, he explicitly considered himself as a part of the same international movement that in Germany was led by Robert Sommer and Hans Roemer. Nonetheless, he took his inspirations from the work of the National Committee for Mental Hygiene in the United States rather than from Germany, a position that probably had as much to do with German mental hygienists' biologicistic approach as with the general political situation.¹⁴⁵ In the following years, Meng became one of the central figures of the movement in Switzerland, and the views that he laid out in his lectures and publications decisively shaped the local understanding of mental hygiene during and after the Second World War.¹⁴⁶

Although his lectureship was part of the medical faculty, Meng's scope remained much broader. Psychoanalysis, psychotherapy, and pedagogy were the points of departure, but his understanding of mental hygiene drew on "biology, psychopathology, sociology, anthropology, genetics, law, and philosophy," and his lectures attracted students and auditors from a similar range of disciplines.¹⁴⁷ With this encompassing scope and against the backdrop of a "world in upheaval," Meng's concept of mental hygiene unavoidably reached far into the political sphere, but the political aspects often had to remain implicit: "In the first lecture, no names of personalities who in 1937/38 played a destructive role in world-history were named."¹⁴⁸ With political tensions building up in Europe, foreigners in neutral Switzerland were eyed with suspicion, and Meng, who sympathized with socialist ideas, had to answer to accusations of being a Soviet spy operating a secret transmitter for Russia, as well as a Nazi in disguise.¹⁴⁹ All too explicit political statements and political activities were hardly possible for foreigners in this situation, but this did not mean that Meng did not touch on the psycho-political dimensions

¹⁴⁵ Meng, *Leben als Begegnung*, 86-88.

¹⁴⁶ Heinrich Meng, *Seelischer Gesundheitsschutz: Eine Einführung in Diagnostik, Forschung und Nutzenanwendung der Psychohygiene* (Basel: Benno Schwabe & Co., 1939); Heinrich Meng, ed. *Praxis der seelischen Hygiene: Erfahrung und Experiment* (Basel: Benno Schwabe, 1943).

¹⁴⁷ Meng, *Leben als Begegnung*, 90-91.

¹⁴⁸ *Ibid.*, 88.

¹⁴⁹ *Ibid.*, 93.

of mental hygiene. In particular, he taught a seminar on “utopia from Plato to Freud” in cooperation with the jurist and philosopher Arthur Baumgarten (1884-1966), during which he argued that a utopian notion of politics had to go beyond its purely rational aspects and to include the unconscious into its considerations.¹⁵⁰

For Meng, the conference in Lugano must have been an emotional event. The overarching idea of mutual understanding went together well with his own psycho-political understanding of mental hygiene, but the meeting also involved a confrontation with representatives of the Nazi regime that had forced him to emigrate six years earlier. This was not necessarily the case with Kretschmer and Hattingberg, who despite their involvement had maintained a certain degree of distance from politics, but the Swiss-German Ernst Rüdin and Hermann Hoffmann, who were also present at the conference, were loyal adherents of the Nazi state. Together with his precarious position as a foreigner in Switzerland, these specific tensions at the conference may have been one reason why Meng refrained from openly discussing the direct political aspects of the *compréhension mutuelle*. Instead, he asked about the psychological and pedagogical methods that were needed to “prompt someone else to become an understanding human being, who lives in an active social contact with his fellow human beings.”¹⁵¹ This was a topic that was far away from politics in terms of foreign policy, but it entailed the very political question how society had to be arranged at its very basic level. As Meng believed, the upbringing of social individuals had two preconditions – an education that fostered the development of a stable ego able to adapt to dynamically changing realities, and a society “structured in a way that allows for a healthy rapport between individuals.” Meng’s perspective was distinctly Freudian, and he argued that a successful pedagogy had to find ways to productively integrate both “eros and aggression.”¹⁵² The societal implications of his theory remained undeveloped. It was Hans von Hattingberg who picked up Meng’s psycho-pedagogic ideas and found the coalescence of love and aggression to be realized in the historical figure of the crusader and the present-day figure of the worker, “who directs his whole aggression against the resistance of the matter to serve mankind.” This was an interesting political twist, as it moved Meng’s concepts away from his own moderate left-wing perspective, and used them to frame in

¹⁵⁰ Ibid., 91.

¹⁵¹ Heinrich Meng, “Erziehung zum Verstehen und zur Verständigung,” *Gesundheit und Wohlfahrt - Revue Suisse d'Hygiene* 18, no. August/September (1939): 417.

¹⁵² Ibid., 421-22.

psychoanalytic terms a heroic cult of sacrifice and work that was a central part of Nazi ideology and propaganda.¹⁵³

ENDINGS AND NEW BEGINNINGS

The 1939 conference in Lugano was a failure, and not only when measured by its most lofty goals. The war was evidently not prevented, and the mutual understanding did not happen. In the end, the European movement for mental hygiene was not even able to improve the mental wellbeing of its own members. As Max Müller remembered:

The congress in Lugano became a total fiasco. Many people came from abroad, Germans and French in particular. There was nothing in the sort of mutual conversation, or even a willingness to do so. The Germans – I remember [Ernst] Kretschmer, [Ernst] Rüdin, [Hermann] Hof[f]mann – were very buttoned up, isolated themselves, and mocked our frontier fortifications, which then were in full play, but mostly did not think about getting in touch with others (there were also Swedes and Italians). Some of them surely would have liked to, but didn't dare. The French too were behaving with suspicion and reserve. Thus, the lectures became vacuous monologues; Repond tried in vain at least to produce one of the famous "resolutions," which everybody would have signed. One dispersed even more depressed than one had arrived.¹⁵⁴

The meeting in Lugano marks the end of the mental hygiene movement in Europe before the Second World War. Less than three months after the conference, the war severed the international networks and, almost simultaneously, German medicine, led by a number of physicians closely connected to the local branch of the movement for mental hygiene, crossed the line as the "euthanasia" killings began. The mass murder of the disabled and mentally ill was the logical conclusion of eugenic ideas that proponents of mental and racial hygiene had developed and radicalized in the previous decades. In the eyes of the perpetrators, it was part of the fulfilment of the promise of mental hygiene, to prevent mental illness in present and future generations, to improve mental health care, and to create a society freed from the scourge of madness.

¹⁵³ Ibid., 423.

¹⁵⁴ Müller, *Erinnerungen*, 251-52.

In the two German states, mental hygiene would not recover from its involvement in these crimes. After the war, the notion largely disappeared from public and professional debates, and, discredited by its close connection with racial hygiene, the movement did not reemerge in its pre-war form. The situation was different in Austria and Switzerland. The notion survived, although *psychische Hygiene* was increasingly replaced by the synonymous but catchier term *Psychohygiene* that had rarely been used in the interwar period. A more influential terminological change took place in London in 1948, where mental hygienists from all over the world resumed the tradition of large-scale international congresses that had begun in Washington D.C. in 1930 and Paris in 1937, and had been interrupted by the war. The International Congress on Mental Health held in London marked the rebirth as well as the end of the interwar-period movement for mental hygiene – a term that then was replaced by “mental health,” a notion still in use to the present day.¹⁵⁵

In Switzerland, Heinrich Meng and André Repond continued their work after the war,¹⁵⁶ and in 1949, Repond became the second president of the new World Federation of Mental Health (WFMH) – the direct successor organization of the International Committee for Mental Hygiene that had been founded at the congress in Washington D.C. back in 1930.¹⁵⁷ In Austria, the post-war period became a kind of “golden age” for mental hygiene. What had only been a subcommittee of the Austrian Society for Public Health (*Gesellschaft für Volksgesundheit*) before 1938, became the independent Austrian Society for Mental Hygiene (*Österreichische Gesellschaft für Psychische Hygiene*) in 1948.¹⁵⁸ One of the driving forces in the reestablishment of mental hygiene in Austria was Erwin Stransky, who had used the notion of mental hygiene as early as 1918; a revised and updated edition of his 1931 textbook was published in 1955.¹⁵⁹ In the same years, Austria became a focal point for the international

¹⁵⁵ John Carl Flugel, E. M. Goldberg, and Mary Cockett, eds., *International Congress on Mental Health, London 1948. Volume 1: History, Development and Organization* (London and New York: H.K. Lewis & Co., Columbia University Press, 1948). On the 1948 congress, see also Jonathan Toms, "Political Dimensions of 'the Psychosocial': The 1948 International Congress on Mental Health and the Mental Hygiene Movement," *History of the Human Sciences* 25, no. 5 (2012).

¹⁵⁶ Kenneth Soddy, "The Mental Hygiene Movement and the Problem of Preventive Mental Health," in *Psychiatrie der Gegenwart: Forschung und Praxis, Vol. III: Soziale und Angewandte Psychiatrie*, ed. Hans W. Gruhle, et al. (Berlin, Göttingen, and Heidelberg: Springer, 1961).

¹⁵⁷ Schneider, Riggensbach, and Egli, "Au Docteur André Repond," 430.

¹⁵⁸ Hoff, "Entwicklung der psychischen Hygiene in Österreich."

¹⁵⁹ Stransky, *Leitfaden der psychischen Hygiene*; Brezina and Stransky, *Psychische Hygiene*.

movement. In 1953, the Sixth International Congress on Mental Health was held in Vienna.¹⁶⁰ Only a few years later, the Viennese psychiatrist Hans Hoff (1897-1969) became president of the World Federation for Mental Health, which together with the WHO and UNESCO proclaimed 1960 the "World Year of Mental Health." The Austrian Society for Mental Hygiene participated with an extensive series of lectures and events.¹⁶¹ But it was not only the institutions and networks of mental hygiene which reappeared after the Second World War. As the World Federation for Mental Health declared prior to the 1948 conference, and as Hans Hoff restated in Vienna in 1960:

The fact that men and women everywhere are looking for guidance in world affairs, as well as in dealing with the problems of their own community, constitutes the greatest challenge ever presented to social scientists and psychiatrists. Two world wars in a single generation, and the possibility of a much more devastating one in the not distant future, have made clear to everyone the urgency of the crisis. More directly and more clearly than ever before, the question must be faced as to whether survival is possible without adapting human institutions so that men can live together as world citizens in, a world community, in which local loyalties are rendered compatible with a wider allegiance to mankind as a whole.¹⁶²

Facing the global devastations of the recent war and the looming threat of a third, nuclear, world war, the idea of psychiatric prophylaxis again came to embody a utopian promise of progress and world peace. Like the notion of mental hygiene in the interwar period, mental health reached far beyond the medical aspects of mental prophylaxis, and promised to serve as a discipline guiding the way into a better future.

¹⁶⁰ Österreichische Gesellschaft für Psychische Hygiene, ed. *Bericht über die 6. Jahresversammlung der Weltvereinigung für Psychische Hygiene, Wien 16.-22. August 1953* (Vienna and Bonn: Wilhelm Maudrich, 1956).

¹⁶¹ Hans Hoff, "Zum Geleit," *Weltjahr für Geistige Gesundheit: Bulletin der Österreichischen Gesellschaft für Psychische Hygiene* 1(1960).

¹⁶² World Federation for Mental Health, "Mental Health and World Citizenship: A Statement prepared for the International Congress on Mental Health, London 1948," (1948), 25.

CONCLUSION

The aim of this study was to examine psychiatry's changing relation with society and politics in the troubled years between the two world wars. In particular, I have asked how psychiatrists in the German-speaking countries sought to redefine the role of their profession in relation with society and politics, and how political events and social developments shaped their outlook. More generally, this study has traced the beginnings of a larger trend in the history of twentieth-century psychiatry that still shapes the discipline to the present day: psychiatry's shift beyond the confines of the asylum and the clinic, and into fields of society that at the time were not considered as medical.

To describe the complex interrelations between psychiatry and related psy-disciplines on the one hand, and a broadly defined notion of politics on the other, I have introduced the concept of psycho-politics. As used here, the concept refers to specific historical uses as well as to present-day approaches to "psycho-knowledge" and a historicized notion of politics proposed by adherents of a cultural history of politics. The underlying definitions of both what is psychological and what is political are open towards the historical meaning and use by the psychiatrists who were involved in the debate in the interwar period. And as numerous examples in this study show, the historical actors themselves often struggled for a precise understanding of these notions and their relation, and imposing clear-cut definitions now would obscure instead of explain. It might be tempting to introduce a more clearly defined notion of psycho-politics and other key concepts that could be generalized beyond the geographical and chronological scope of this study. Yet, I believe that this would mean trading historical complexity and contingency for a specious senses of analytic clarity.

What this study has found is a bewildering array of ideas, programs, pamphlets, polemics, conferences, and psycho-utopian visions. This is not a result of an overly broad research perspective, but the reflection of an inherent characteristic of the subject matter itself. In the years after the First World War, the psy-disciplines underwent rapid changes and, against the backdrop of real and perceived crises, increasingly became involved in the social and political issues of their time. Obviously, psychiatry has never existed in a socio-political vacuum, and eminent psychiatrists had pondered the social and political implications of their professional

experiences well before 1914.¹ After the cataclysm of the war, psycho-political ideas proliferated and diversified, as psychiatrists began exploring the world beyond the asylum and the clinic like an uncharted territory. Moreover, psycho-politics now materialized in institutional forms. To some extent, it is the considerably higher degree of organization that sets post-1918 psycho-politics apart from earlier approaches, and these differences are also reflected in the historical account: Volker Roelcke's monograph on the psychiatric diagnoses of society in the "long nineteenth century" is a story of people and ideas; this study, by contrast, is about people and ideas, but it is also about institutions, associations, programs, conferences, journals, networks, and conflicts between disciplines.

One consequence of the above-mentioned proliferation and diversification of psycho-politics in the interwar period is that its story is difficult to confine to one single, linear narrative. To draw a richer picture, this study has focused on three particular examples representing different, but interconnected tendencies of psychiatry's shift to the social and political sphere. These tendencies can, albeit not without some simplification, be loosely associated with three keywords: diagnosis, expansion, and prophylaxis.

The first case study (chapter I) focused on the short period immediately after the end of the First World War and the collapse of the Central Powers when an unprecedented number of psycho-political articles and pamphlets were published. The common feature of all these writings was that they extended established diagnostic categories of psychiatry onto matters that, from a contemporary as well as from a present understanding, would be considered political rather than medical. In this chapter, I identified two strands of the debate, focusing on individual revolutionaries who were diagnosed as psychopaths, and on the mental disorders of a hypothetical national soul (*Volksseele*), respectively. In both cases, psychiatrists' polemics were infused with anti-revolutionary and nationalist sentiments, but the psycho-political implications were more complex than that. The pressing political issues of the day were reframed as medical problems and thus, to a certain extent, de-politicized. The diagnostic category of the psychopath allowed deviances from political norms of an educated bourgeoisie to be seen as symptoms of mental abnormality, while the elusive notion of a national soul allowed to explain the collective

¹ Roelcke, *Krankheit und Kulturkritik*.

condition and behavior of an entire nation along the same lines as that of an individual mental patient.

However, while psychiatric concepts were used to de-politicize political issues, the same use also led to a politicization of psychiatry. In other words: psychiatrists' attempt to draw society and politics into the clinic went hand in hand with attempts to push their own discipline into these fields. Psychiatric and psychological concepts were used to make normative arguments about how society should be governed. In particular, the revolutionary psychopaths and the national soul were used to describe the dynamics of mass and leaders in psychological terms. To the pathological and demagogical leaders of the revolution, psychiatrists juxtaposed the image of a "true leader," usually conceived as a physician healing the nation. The analogy between the hoped-for leader and the physician was more than a metaphor. Eminent psychiatrists imagined themselves and their colleagues as psycho-political leaders, who would use their medical knowledge and their moral authority for the "mental reconstruction of the German people." Numerous intellectual and personal continuities connect these post-war ideas to the topics of the following chapters, applied psychiatry and mental hygiene.

The second case study (chapters II and III) picked up the most flamboyant expression of this notion of the psychiatrist as a leader. In 1918 already, the Viennese psychiatrist Erwin Stransky mixed jingoist wartime rhetoric and the vision of psychiatry's disciplinary expansion into a psycho-political concoction of his own making. "Applied psychiatry" (which he soon renamed into "applied psychopathology") was the most radical and encompassing program for an aggressive expansion of psychiatry's authority. Stransky's hyperbolic vision of "medical imperialism" knew almost no limits. Applied psychiatry was supposed to conquer law, historiography, the social sciences, politics; it was also supposed to transform the psychiatrist not only into a scientocratic expert for all aspects of life, but also into a kind of secular priest. In many regards, applied psychiatry was a direct outcome of the post-war crisis. Yet, Stransky remained true to his vision until his death in the 1960s. Nonetheless, had applied psychiatry remained only Stransky's pet project, it could easily be dismissed as a curious and symptomatic, but ultimately inconsequential side note to the history of early twentieth-century psychiatry. However, as it turns out, applied psychiatry made wider circles, and while doing so became something else.

What Erwin Stransky had initially conceived as a program for an aggressive expansion of psychiatry with clearly nationalist undertones was quickly picked up by other scholars in the field. In Switzerland, Walter Morgenthaler established a book series entitled “studies in applied psychiatry,” and although the series was only short-lived, it featured some of the most important publications in twentieth-century psychiatry. In Vienna in 1920, Stransky together with two former psychoanalysts founded the Association for Applied Psychopathology and Psychology. In the almost two decades of its existence, the association found itself in the middle of the long-standing conflict between psychoanalysis and mainstream psychiatry. Both the book series and the association redefined the notion of applied psychopathology. Instead of aggressive disciplinary expansionism, applied psychopathology became a vague label for attempts to explore interdisciplinary perspectives in the psy-disciplines and beyond. While applied psychopathology lost its political edge, the idea at its core remained the same: that the knowledge and the concepts of psychiatry could and should be applied to cultural, social, and political issues beyond the clinic and asylum. Consequently, many of the psychiatrists at some time involved with applied psychopathology joined the ranks of the emerging movement for mental hygiene in the mid-1920s.

Mental hygiene, which is the topic of the third case study (chapters IV to VI), arrived in the German-speaking countries in the mid-1920s. As an organized movement, it already emerged and burgeoned in the United States before the First World War; national committees were founded in Austria, Germany, and Switzerland only after 1925. While the organizational form came from across the Atlantic, the underlying idea of a large-scale, state-led approach to psychiatric prophylaxis already had a long history in the German-speaking countries. As shown in chapter IV, three scholars in particular introduced and shaped this notion of a prophylaxis of mental disorders: Auguste Forel, Emil Kraepelin, and Robert Sommer. All three developed their ideas in the years between the turn of the century and the First World War, and to all three, mental prophylaxis was the key to a comprehensive reform and regeneration of society. The trajectories of Forel, Kraepelin, and Sommer show how eagerly these eminent psychiatrists adopted eugenic ideas, and also demonstrate how the notion of mental prophylaxis could be framed as part of very different political creeds. Despite the obvious political differences, their views were surprisingly similar on a deeper level, as all of them were convinced that they, as psychiatric professionals, had a privileged insight into the objective laws of nature shaping human society. Regardless whether they considered themselves cosmopolitan socialists,

German patriots, or liberals, psychiatry's political role was to enforce these laws of nature against the wrong beliefs and aberrations of society.

When the movement for mental hygiene spread from the United States to the German-speaking countries in the mid-1920s, the idea of psychiatric prophylaxis entered a new stage. Reform-minded psychiatrists in Europe quickly embraced the label of mental hygiene and founded national committees. Instead of adopting the American notion, they used the concept as a vehicle for already existing, local approaches to the reform of psychiatry. In particular, the German Association for Mental Hygiene, founded by Robert Sommer in 1925, became a common frame for clinicians interested in prophylaxis, as well as for reform-minded asylum psychiatrists. From the beginning, the association received considerable attention from political actors and played a crucial role in the propagation of occupational therapy and open care. Despite its rootedness in local contexts, mental hygiene was a truly international movement. It reached its heyday in 1930 with the First International Congress for Mental Hygiene in Washington D.C., an event that stood out due to its sheer size and internationality, as well as due to the pervasive optimism of the movement at this time.

The 1930 congress also marked a turning point in the history of mental hygiene. The world economic crisis reinforced centrifugal forces inside the movement and interfered with plans for its future development. In Germany, the economic crisis and the increasing economic pressures on the asylums triggered a rapid radicalization of eugenic positions among psychiatrists, and in the German Association for Mental Hygiene in particular. As the example of the association's board member Hermann Simon clearly shows, the rise of the eugenic paradigm ran contrary to the reform approaches that mental hygienists had propagated in the previous years, and was reinforced by the new therapeutic optimism instilled by their success. The necessity of eugenics had already been the consensus among German mental hygienists before 1933; after the Nazis came to power, it became official policy. While the notion of mental hygiene became virtually indistinguishable from racial hygiene, the association assumed new functions in the Third Reich. Internally, it was to provide the psychiatric expertise for the eugenic sterilization program; internationally, it was used as a propaganda tool touting Germany's scientific prowess and the peaceful intentions of its foreign policy. On the eve of the Second World War, the development of mental hygiene in the German-speaking countries could hardly have been any more dichotomous. In Germany, the movement was increasingly dominated by those physicians

who, after the invasion of Poland, would lead Germany's internal war against the disabled and mentally ill. In Switzerland, by contrast, the threat of an impending war mobilized mental hygiene's psycho-political utopianism. With a last and desperate European meeting of mental hygienists in the summer of 1939, the Swiss adherents of the movement tried and failed to create a mutual understanding that was supposed to prevent the coming war. What briefly became visible then, was another trend in the development of mental hygiene, connecting Auguste Forel's psycho-utopianism at the beginning of the century with the post-war transformation of mental hygiene into a more broadly and more positively defined notion of "mental health."

On a more general note, I want to point out some concluding observations that pertain to all case studies. In particular, I restate three aspects: the many connections between the three case studies, the importance of individual biographies in the history of the psy-disciplines, and the psycho-political interpenetration of science and politics.

First, although the three case studies focused on different aspects of psycho-politics in the interwar period, they are intricately connected on various levels. While the psycho-political expansion of psychiatry's sphere of influence was not the expression of a monolithic program or discourse, many tropes and themes recur throughout the historical debates. The dialectic of irrational masses and psychopathic leaders was such a theme, as was the notion of an ideal leader with superior mental health and abilities. The pre-political juxtaposition of objective laws of nature to the allegedly pathogenic laws of society is another example. And of course, there was the broadly conceived idea that psychiatry's evolving system of diagnoses could be used to understand more than only the symptoms of the manifestly mentally ill, and that this knowledge also endowed psychiatry as a discipline to tackle social and political issues. It was not only ideas, but also people who connected the different aspects of this study.

Second, one of the introductory claims of this study was that, in the history of the psy-disciplines, individuals and their trajectories mattered. Out of a larger sample that would have been possible, I have chosen four biographies for a more detailed discussion: the inventor of applied psychiatry Erwin Stransky, and three pioneers of psychiatric prophylaxis and mental hygiene, Auguste Forel, Emil Kraepelin, and Robert Sommer. Less extensively, I have also dealt with the trajectories of scholars like Walter Morgenthaler, Bernhard Dattner, Gaston

Roffenstein, Hermann Simon, and Heinrich Meng. In all these cases, the programs advocated by these scholars can only be understood within the broader context of their biographies. This approach is not a radical novelty, addressing a common problem in historiography, and, as I see it, in the history of psychiatry in particular: the decontextualized use of scholarly writings. For example, in a recent publication, Erwin Stransky's applied psychiatry has been used as a catchphrase to describe German psychiatrists' reaction to the post-war commotion. This is not totally wrong; yet, without taking into consideration the context of Stransky's biography in Vienna and the future development of applied psychopathology, it explains fairly little of what was actually going on.² The same could also be true for Forel, Kraepelin, or Robert Sommer. Many of their most prominent writings were direct reactions to political events and historical circumstances, while also being part of a more long-standing involvement with the underlying psycho-political questions and often driven by a profound and individual sense of mission.

Third, this study has examined different configurations in the relation between politics and the psy-disciplines. These examples allow for an in-depth analysis of the interpenetration of science and politics on various levels.³ The ideas and programs discussed in this study show that the psy-disciplines were directly and indirectly shaped by political events and developments, and they also show that developments inside the psy-disciplines pushed them into the social and political sphere. Moreover, these examples reveal the limits of a clear-cut distinction between science and politics. As the compound concept of psycho-politics emphasizes, politics and the psy-disciplines did not just meet, they became inextricably intertwined. Whether Erwin Stransky's "medical imperialism" belonged to politics or to medical science is an idle question, and the same goes for most other examples mentioned throughout this study.

Moreover, the relation between the psy-disciplines and politics unfolded in very different forms. The most obvious one was certainly the direct cooperation of scientists and physicians with political institutions and agencies, and with the state in particular. The adoption of eugenics as state policy in Germany after 1933 or Sommer and Kraepelin's attempts to establish state-financed research institutes are ideal-type examples for a relation that Mitchell Ash has aptly

² Thomas Beddies, "'Generaloberstsachverständiger für alle Lebensformen und Lebensgestaltungen:' Zu gesellschaftlichen Vorstellungen von Ordnung und Normierung 'angewandter Psychiatrie' nach dem Ersten Weltkrieg," in *Norm als Zwang, Pflicht und Traum: Normierende versus individualisierende Bestrebungen in der Medizin*, ed. Eva Brinkschulte and Mariacarla Gadebusch Bondio (Frankfurt am Main et al.: Peter Lang, 2015).

³ Ash, "Wissenschaft und Politik als Ressourcen für einander," 50-51.

described as “science and politics as resources for each other.” Sudden changes in the system of government were also situations in which these configurations were reshuffled and could be renegotiated.⁴ When psychiatrists diagnosed a collective mental health crisis after 1918, they delegitimized the new political order, and simultaneously tried to secure and expand their position as experts in the new state. Likewise, after 1933, German mental hygienists rushed to redefine their position, mobilizing their eugenic expertise as a resource for the Nazi state.

Despite its far-reaching claims, the modern state has no monopoly on politics, and the notion of psycho-politics proposed in this study takes a broader perspective.⁵ The complicated relationship between science and politics existed between scientists and their institutions on the one side, and the state on the other, as well as on a more local and personal level. As the biographies in this study show, science and politics could easily be embodied by the same individuals. Stransky, Forel, Kraepelin, and Sommer, like many of their colleagues, had pronounced political views, and were also affiliated with political parties or associations at some point in their lives. However, for different reasons, their relation with party politics remained uneasy.

The larger issue at stake here is that psychiatrists’ views about society, politics, and the role of their discipline were political and scientific at the same time; they transcended both the historical understanding of politics and the present-day concepts of political history. This does not imply that one could just do without these concepts. Categories like nationalist, socialist, liberal, statist, left, right, and many others, were part of the self-understanding of the historical actors, and are necessary parts of their analysis. However, they fail to describe intricacies of psycho-politics. Psychiatrists in the interwar period reframed political issues as medical, and medical problems as political, and while doing so redefined the boundaries of both fields. This blurring of the boundaries between science and politics found its most striking expression on a linguistic level. Many of the concepts used in psycho-political writings reveal this inherent ambivalence. From Stransky’s peculiar neologisms to ubiquitous terms like health, body and soul, cure, hysteria and neurosis; these concepts propose a conundrum that an either/or approach to science and politics will not be able to resolve. I doubt that a general answer is possible;

⁴ See also Mitchell G. Ash, ed. *Psychoanalyse in totalitären und autoritären Regimen* (Frankfurt am Main: Brandes & Apsel, 2010).

⁵ Frevert, “Neue Politikgeschichte,” 11-12.

instead, every analysis will have to examine historical cases and configurations in their specific contexts. I do, however, believe that the cases discussed in this study may serve as points of reference for further discussion and research.

A promising direction for future research is the chronological and spatial extension of the study of psycho-politics. Exploring other countries, European and beyond, would allow setting the findings of this study in a comparative context. For pragmatic reasons, I have limited myself to the German-speaking countries. Despite some notable local differences, the connections between psychiatrists in Germany, Austria, and Switzerland during the interwar period were particularly close, due to language, and to the separation of German and Austrian science from other European countries as a result of the First World War. The result is an entangled narrative, in which clear-cut units of comparison could not have been defined without crudely imposing political borders on intellectual developments. A look beyond would allow for a comparative perspective that could also shed light on the specificities of psycho-politics in the German-speaking countries. The same is also true for a chronological extension of the perspective beyond the caesura of 1939. The transformation of interwar mental hygiene into postwar mental health is an obvious point to start. It would allow tracing the long-term consequences of the developments in the interwar period, and to examine the configuration of psycho-politics in a time shaped not only the Cold War, but also by profound changes in the theory and practice of the psy-disciplines. A comparative perspective beyond the Iron Curtain would certainly be worthwhile.

Finally, an issue that this study has not explored are the present-day implications of its topic. I can only hint at some aspects at this juncture. The psycho-political relation between the brain sciences and society remains pertinent, despite a tendency to replace the prefix psycho by neuro.⁶ Different groups of experts of the human mind still compete with far-reaching explanations of society and politics, and their arguments still are deeply entangled with the political issues of our time. Recent advances in medicine, information technology, and the

⁶ For some recent contributions to the debate, see Rose and Abi-Rached, *Neuro: The New Brain Sciences and the Management of the Mind*; Felix Hasler, *Neuromythologie: Eine Streitschrift gegen die Deutungsmacht der Hirnforschung*, 3rd ed. (Bielefeld: transcript, 2013); Peter Becker, "The Neurosciences and Criminology: How New Experts Have Moved Into Public Policy and Debate," in *Engineering Society: The Role of the Human and Social Sciences in Modern Societies, 1880-1980*, ed. Kerstin Brückweh, et al. (London: Palgrave Macmillan, 2012).

neuro-sciences have given rise to utopian and dystopian visions of “neuro-enhancement” and “transhumanism.” The nexus between twenty-first century neuro-utopianism and twentieth-century psycho-utopianism could well be interesting. Meanwhile, eugenic ideas are making their stealthy comeback with new possibilities in the application of genetic research. And there is yet another way in which the debates traced in this study seem to echo in the twenty-first century. On various levels, the recent years have seen a rapid dissolution of political structures and certitudes, and the rise of new collective actors that we struggle to understand. In some ways, André Repond’s 1931 diagnosis of an “irruption of archaic, irrational forces into politics” can feel uncannily topical today.⁷ Notably, journalists rather than psychiatrists have taken up the issue, and it seems strangely familiar that public psychiatric diagnoses of masses, movements, and psychopathic leaders have become a genre once again. The historical sources will not provide answers to today’s challenges, but they might help to ask better questions.

⁷ Repond, “Geistige Hygiene und Politik,” 183.

LIST OF ABBREVIATIONS

AÄGP – *Allgemein Ärztliche Gesellschaft für Psychotherapie* (General Medical Society for Psychotherapy)

AÄZP – *Allgemein Ärztliche Zeitschrift für Psychotherapie und psychische Hygiene* (General Medical Journal for Psychotherapy and Mental Hygiene)

APA – American Psychiatric Association

AZP – *Allgemeine Zeitschrift für Psychiatrie* (General Journal for Psychiatry)

DFA – *Deutsche Forschungsanstalt für Psychiatrie* (German Research Institute for Psychiatry)

DVP – *Deutscher Verband für Psychiatrie* (German Psychiatric Association)

DVPH – *Deutscher Verband für psychische Hygiene* (German Association for Mental Hygiene)

GDA – *Genealogisch-demographische Abteilung* (Genealogic-Demographic Department of the German Research Institute for Psychiatry)

GDNP - *Gesellschaft deutscher Neurologen und Psychiater* (Society of German Neurologists and Psychiatrists)

ICMH – *International Committee for Mental Hygiene*

KWG – *Kaiser-Wilhelm-Gesellschaft zur Förderung der Wissenschaft* (Kaiser Wilhelm Society for the Supporting of the Sciences)

NCMH – *National Committee for Mental Hygiene* (US)

NSDAP – *Nationalsozialistische Deutsche Arbeiterpartei* (National Socialist German Worker's Party)

SAR – *Subordination-Autoritäts-Relation* (Subordination-Authority Relation)

StGB – *Strafgesetzbuch* (German Penal Code)

UAG – *Universitätsarchiv Gießen* (Gießen University Archives)

UAW – *Universitätsarchiv Wien* (Vienna University Archives)

UNESCO – *United Nations Educational, Scientific and Cultural Organization*

WFMH – *World Federation of Mental Health*

WHO – *World Health Organization*

WStLA – *Wiener Stadt- und Landesarchiv* (Vienna Country and State Archives)

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Personalakten

PA 251, Kauders, Otto

PA 509, Stransky, Erwin

PA 798, Allers, Rudolf

Rigorosenakten

4783, Roffenstein, Gaston

Senatsakten

S 185.387 Disziplinaruntersuchung Stransky

S 304.924 Pappenheim, Martin

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